



KANSAS CITY CHIEFS

One Arrowhead Drive • Kansas City, Missouri 64129 • 816-924-9300

MEDICAL EXAMINATION AND AUTHORIZATIONS

I hereby acknowledge, affirm and represent the following:

A. I have warranted and represented to the Kansas City Chiefs Football Club, (The Club) under Paragraph 8 of my contract, that I am in excellent physical condition. Upon reporting to the Club, I filled out a "Health History" form, was examined by Club physicians. Recognizing that my true physical condition (and a physician's ability to ascertain same) is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints or ailments experienced, I hereby affirm that I have fully disclosed in writing my prior medical history; that my "Health History" form was fully and accurately completed; that all my present symptoms, complaints and ailments (if any) have been disclosed in writing to, and discussed with, the Club's physicians, and that I am not suffering from any disability, injury, condition, complaint or problem not so disclosed and discussed. If any answers are false or information has been withheld, this physical will become void and will necessitate the taking of another physical examination to determine the true physical status of the athlete in question.

B. FUTURE COMPLAINTS: I acknowledge receipt of instructions from the Club that all future injuries, medical problems, ailments, complaints, re-injuries, and aggravations of old injuries must be immediately reported to the Club Athletic Trainers; no matter how minor or insignificant I may deem same to be.

C. RELEASE EXAMINATION: I acknowledge receipt of instructions from the Club that I must submit to another full physical examination by a Club physician in the event of my being traded or placed on waivers; at which time I shall record in writing all symptoms, complaints or ailments, if any, I may then be experiencing.

D. CLUB MEDICAL RECORDS: I hereby authorize Club to transfer and forward my complete medical record and files to any other NFL Club to which my contract may be traded or assigned. Such authorization extends to the Club's physicians and their successors and to any hospital, clinic or institution to which I may be referred or admitted in connection with any illness, injury, test or treatment and I hereby release all of such persons and institutions from any and all claims by reason thereof. A photostatic copy of this authorization shall be considered as effective and valid as the original.

E. PRIOR MEDICAL RECORDS: I hereby authorize and empower the Club and its representatives to examine, copy and/or obtain copies of any and all medical records relating to my prior health history, injury, complaints, tests, findings and treatments and I hereby authorize all physicians, hospitals, clinics, schools, colleges, NFL clubs and all other professional teams or organizations that may possess such records, to make them freely available to Club representatives. I do hereby release and discharge all of such persons and institutions from any and all claims by reason thereof. A photostatic copy of this authorization shall be considered as effective and valid as the original.

F. MEDICAL TREATMENT: I hereby authorize the Club Team Physicians and Medical Consultants to Examine and Treat any injuries which may occur while Playing for the Club. I authorize the Team Physicians and Medical Consultants to communicate with Club Officials regarding their findings and recommendations. I authorize the Club Athletic Trainers to treat any and all injuries which occur while playing for the Club.

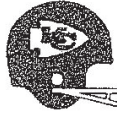
David Kendall
WITNESS: DAVID KENDALL
HEAD ATHLETIC TRAINER

Darren M. H.
PLAYER NAME (PRINT)

Darren M. H.
PLAYER SIGNATURE

425-95
DATE

PLAYER'S SOCIAL SECURITY NO.



KANSAS CITY CHIEFS

One Arrowhead Drive • Kansas City, Missouri 64129 • 816-924-9300

KANSAS CITY CHIEFS FOOTBALL CLUB, INC. PLAYER STATEMENT

NAME: Darrea Mickell DATE: 4-25-95

I REPRESENT THAT I AM NOT NOW SUFFERING FROM ANY PHYSICAL DISABILITY
WHICH PREVENTS ME FROM PARTICIPATING IN THE MINI-CAMP.

Player Signature

Date

(Or)

I AM NOW SUFFERING FROM THE FOLLOWING PHYSICAL DISABILITY WHICH
PREVENTS ME FROM PARTICIPATING IN THE MINI-CAMP.

ORTHO ~~DOES~~ Both knees

Darrea Mickell
Players Signature

4-25-95
Date

Charter Member, American Football Conference, National Football League

MICKELL-0274

A0390

KANSAS CITY CHIEFS FOOTBALL CLUB
PHYSICAL EXAMINATIONNAME: Darren Mickell DATE: 4-25-95Pulse 76 Blood Pressure 132/80 General Appearance _____

1. NEUROLOGIC AND MENTAL STATUS

WNL

2. EYES

3. MOUTH

4. EARS, NOSE & THROAT

5. BACK & NECK

6. NODES

7. LUNGS

8. HEART

9. ABDOMEN

10. GENITALIA

11. RECTAL & PROSTATE

12. IMMUNIZATIONS:

TETANUS TOXOID _____

INFLUENZA _____

ADDITIONAL COMMENTS: _____

PHYSICIAN'S SIGNATURE

DATE

MICKELL-0275

A0391

ROCKHILL
MEDICAL
LABORATORY

NAME: MICKELL DARREN	NS: CMG	DR: WAECKERLE, JOE	1134 04/26/95	PG 1
H# : 12781	ROOM: [REDACTED]	SEX: M	AGE: 24Y	- C51275
R# :	DOB: [REDACTED] 1970			

ACC#	RESULTS	ABNORMAL RESULTS	NORMAL LO HI	UNITS
9983 C: 2043 04/25/95				
COMPLETE UA				
/ COLOR	STRAW			
/ TRANSPARENCY	CLEAR			
/ SP GRAV	1.021		1.005 1.030	
/ PH	7		5.0 8.5	
/ PROTEIN	NEGATIVE			
/ GLUCOSE	NEGATIVE			
/ RED SUB	NOT APPLICABLE			
/ KETONE	NEGATIVE			
/ BILE	NEGATIVE			
/ OCC BLD	NEGATIVE			
/ NITRITE	NEGATIVE			
/ URINE LEUKOCYTE	NEGATIVE			
/ UROB	NORMAL			
/ WBC	NONE SEEN			
/ RBC	NONE SEEN			
/ SQ. EPIT	FEW			
/ CAST	NONE SEEN			
/ CAST	NONE SEEN			
/ CRYSTAL	NONE SEEN			
/ CRYSTAL	NONE SEEN			
/ OTHER	NONE SEEN			
/ OTHER	NONE SEEN			
9984 C: 2043 04/25/95				
CHEM 26				
/ GLUCOSE	94		70 110	MG/DL
/ UREA N	13		6 22	MG/DL
/ CREATININE		1.4	5 1.2	MG/DL
/ BUN/CREATININE	9			
/ URIC ACID	6.6		2.5 9.2	MG/DL
/ CALCIUM	9.9		8.7 10.7	MG/DL
/ PO4	3.6		2.6 4.9	MG/DL
/ ALK PHOS	71		37 107	U/L
/ T. BILI	.6		.2 1.2	MG/DL
/ TOTAL PROTEIN	7.3		6.1 8.2	G/DL
/ ALBUMIN	4.3		3.5 5.0	G/DL
/ GLOBULIN	3.0		1.4 3.5	G/DL
/ AG RATIO	1.4		1.1 1.8	
/ LDH		204	110 188	IU/L
/ GOT	43		10 45	U/L
/ GPT	33		11 44	U/L
/ GGTP		76	8 69	U/L
/ CHOLESTEROL	175		100 199	MG/DL

MICKELL DARREN

SPECIMEN CONTINUED

PG 1

MICKELL-0276

A0392

ROCKHILL
MEDICAL
LABORATORY

NAME: MICKELL DARREN	NS: DMG	DR: WAECKERLE, JOE	1134 04/26/95	PG 2
H# : 12781	ROOM: [REDACTED]	SEX: M	AGE: 24Y	- C51275
R# :	DOB: [REDACTED]	1970		

ACC#	RESULTS	ABNORMAL RESULTS	NORMAL LO HI	UNITS
/	TRIGLYCERIDES	204	35 200	MG/DL
/	HDL C	45	45 100	MG/DL
/	LDL C	89	0 160	MG/DL
/	VLDL	41		MG/DL
/	SODIUM	143	135 148	MMOL/L
/	POTASSIUM	4.3	3.5 5.3	MMOL/L
/	CHLORIDE	102	100 112	MMOL/L
/	IRON	88	45 160	UG/DL
/	RPR	NON REACTIVE		
/	T4	6.5	4.0 11.0	UG/DL
/	ULTRA SENS. TSH	1.6	.4 6.1	MICIU/ML
CBC				
/	WBC	7.0	3.8 10.1	K/CMM
/	RBC	5.26	4.40 5.80	M/CMM
/	HEMOGLOBIN	15.6	13.8 17.2	G/DL
/	HEMATOCRIT	47.2	41 50	%
/	MCV	90	81 100	FL
/	MCH	29.7	27 34	PG
/	MCHC	33.2	31 37	GM/DL
/	RDW	13.3	0 14.8	%
/	PLAT CT	260	150 400	K/CMM
/	NEUTROPHI	52.6		%
/	LYMPH	37.7		%
/	MONO	6.3		%
/	EOS	2.7		%
/	BASO	.7		%
MICKELL DARREN	END OF REPORT			P 2
	WAECKERLE, JOE		- C51275	

KANSAS CITY CHIEFS
1 ARROWHEAD DRIVE KCMO 64129

MICKELL-0277

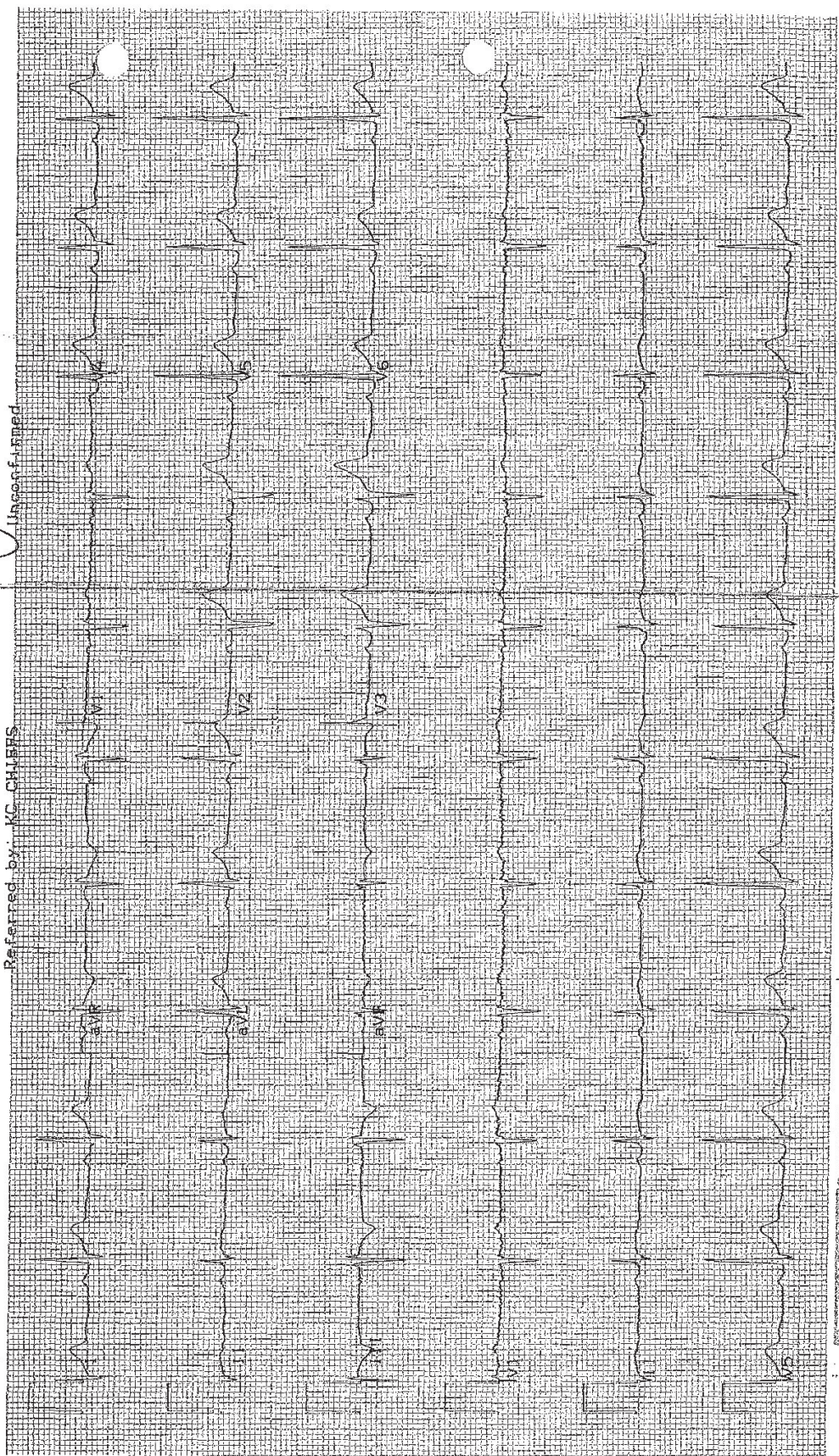
A0393

MICKELL, DARREN ID: 25-APR-95 19:01 BAPTIST MEDICAL CENTER

Med: Unknown
24yr Ht: 10mm/mv
Sex: M Race: Bk
Loc: Room: 004A
v206NORMAL SINUS RHYTHM
NORMAL ECGVent. rate 62 BPM
PR interval 160 ms
QRS duration 100 ms
QT/QTc 376/382 ms
P-R-T axes 18 -13 -15

Referred by: KC CHILDS

Unconfirmed



MICKELL-0278

A0394

MICKELL, DARREN

24 yr
Male

Black

ID: 999999999

25-APR-1995 19:01

BAPTIST MEDICAL CENTER* ROUTINE RECORD

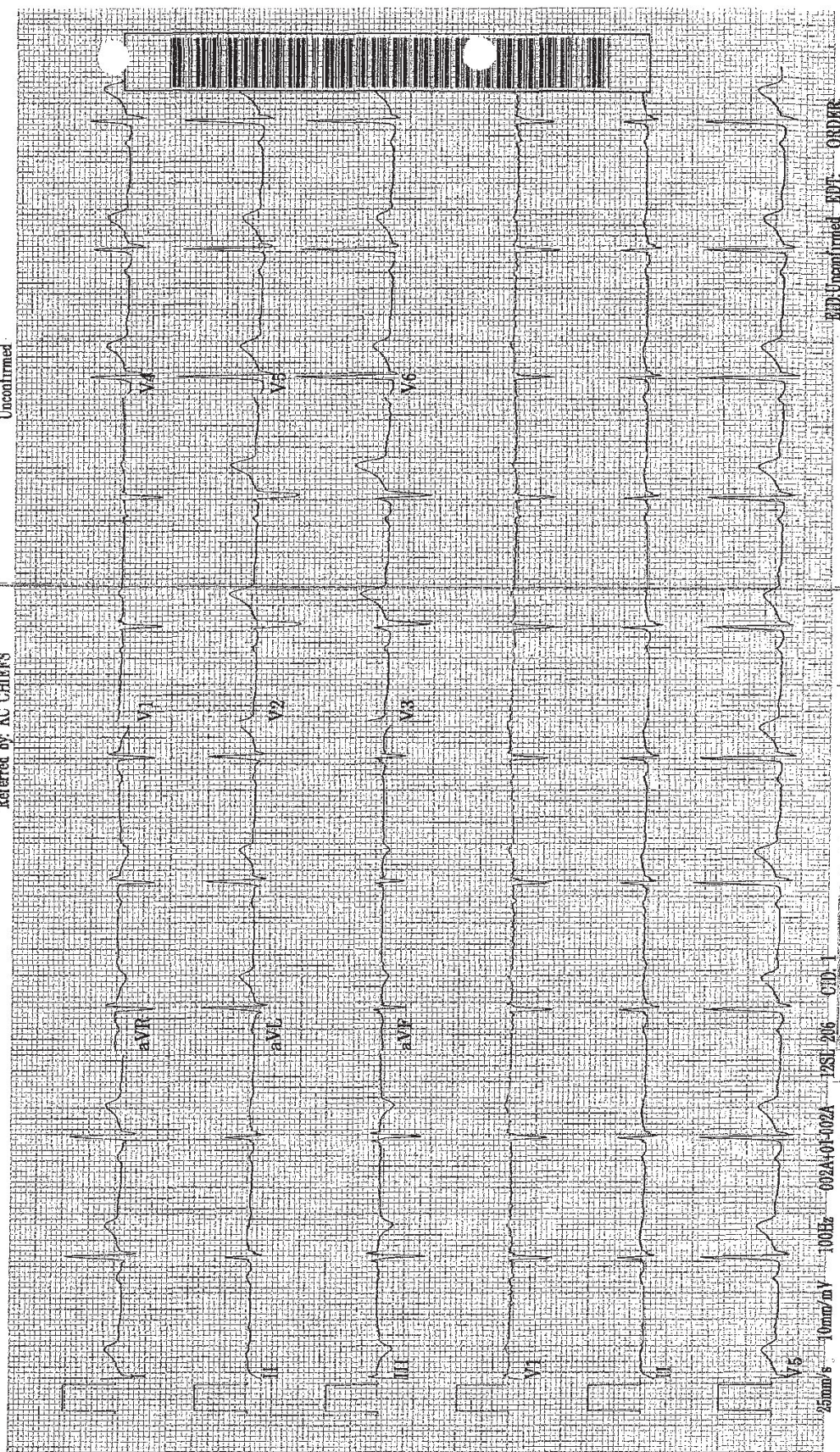
Vent. rate	62	BPM
PR interval	160	ms
QRS duration	100	ms
QT/QTc	376/382	ms
P-R-T axes	18 -13 -15	

NORMAL SINUS RHYTHM
NORMAL ECG

Meds: Unknown

Referred by: KC CHIEFS

Unconfirmed



MICKELL-0279

A0395

KANSAS CITY CHIEFS FOOTBALL CLUB ORTHOPEDIC EXAMINATION

NAME:

MICKELL, DARREN

DATE:

4-25-85NECK:History of Injury: No ☐ Yes ☐ (If Yes, Describe) _____Range of Motion: Normal ☐Restricted ☐SHOULDER:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☒ (If Yes, Describe)'93 @ SHOULDER PAIN AXILARY LINE & POST. MATH. INFLAMMATION & PAIN TC. @ > @ - MRI @Range of Motion: Left: Normal ☐Restricted ☐Right: Normal ☐Restricted ☐ELBOW SECTION:History of Injury: Left: No ☐ Yes: ☒ Right: No ☐ Yes ☐ (If Yes Describe)11/94 @ LATERAL ELBOW CONTUSIONRange of Motion: Left: Normal ☐Restricted: ☐Right: Normal ☐Restricted ☐WRIST:History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes, Describe)Range of Motion: Left: Normal ☐Restricted ☐Right: Normal ☐Restricted ☐HAND:History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes, Describe)Range of Motion: Left: Normal ☐Restricted ☐Right: Normal ☐Restricted ☐FINGERS:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☐ (If Yes, Describe)

Hx MULTIPLE JOINT SPRAIN & RESIDUAL PROBLEMS; '93 @ HAND MP JT. SPRAIN 2ND, 3RD, 4TH, '94
@ LONG FINGER - PIP JOINT DISLOCATION & SMALL AVULSION FRACTURE. ~ 90° PIP Flex No Flex
Deformity: @ THUMB MP JTS. ↓ ROM & STABLE & Hx of INJURY 12/9

MICKELL-0280

A0396

NAME: MICKELL, DARREN

PAGE 2

SPINE:History of Injury: No ☐ Yes ☒ (If Yes, Describe) Hx of Mild LBP - 3 YRS. AGO
'93 @ SI CONTUSION; @ RIB COSTAL CHONDRAL CARTILAGE SEPARATION 10/94

Posture: _____

Range of Motion: Normal ☐ Restricted ☐HIP:History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes, Describe) _____Range of Motion: Normal ☐ Restricted ☐KNEE:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☒ (If Yes, Describe) _____8/91 @ SCOPE - PATELLA CHONDROPLASTY & GRADE III-IV CMP; SPRUNG 9/2 @ SCOPE
1/92 @ SYNOVITIS & CMP PAIN & LIFTING (IR); 9/94 @ P.MCL SPRAIN VS. HFC CONTUSION; @ ARTHROSCOPIC
SURGERY 3/95STABILITY

	<u>LEFT</u>	<u>RIGHT</u>
MCL	<u>Lat fem-patella</u>	
LCL	<u>anterior</u>	
CRUCIATES	<u>No effusion</u>	<u>no effusion</u>
PATELLA CREP.	<u>2+</u>	<u>1-2+</u>
ROM	<u>full</u>	<u>0-135</u>

ANKLE:History of Injury: Left: No ☐ Yes ☒ Right: No ☐ Yes ☐ (If Yes, Describe) _____'93 @ SPRAIN - LCL 1°; 1/94 @ ANKLE SPRAIN - ANT. TIB. FIB.; SYNOVITIS; ANT. TALO-FIB. LIGAMENTSRange of Motion Left: Normal ☐ Restricted ☐ Right: Normal ☐ Restricted ☐Stability: Left ☐ Right: ☐FOOT:History of Injury: Left: No ☐ Yes ☐ Right: No ☐ Yes ☐ (If Yes Describe) _____LOM @ GT. Toes MP EXTENSION @ 70° LOM PFX-RAYS: _____GENERAL REMARKS: _____4-25-95C.B.

MICKELL-0281

A0397

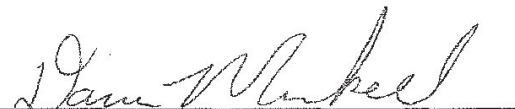
MICKELL, DALLAN

KANSAS CITY CHIEFS FOOTBALL CLUB, INC.

1. I HAVE BEEN INFORMED BY THE CLUB PHYSICIAN THAT I HAVE THE FOLLOWING PHYSICAL CONDITION (S):

- 1) BILATERAL KNEES - STATUS ARTHROSCOPIC SURGERY PATELLA 3/95
2) @ LONG FINGER - PIP JOINT DISLOCATION & SMALL AVULSION FRACTURE

2. THE PHYSICAL CONDITION(S) SET FORTH ABOVE EXISTED PRIOR TO THE DATE OF THE PHYSICAL EXAMINATION FOR THE CURRENT SEASON.
3. I HAVE RECEIVED A FULL EXPLANATION FROM THE CLUB PHYSICIAN THAT TO CONTINUE TO PLAY PROFESSIONAL FOOTBALL MAY RESULT IN DETIORATION OR AGGRAVATION OF SUCH PRE-EXISTING PHYSICAL CONDITION(S).
4. I FULLY UNDERSTAND THE POSSIBLE CONSEQUENCES OF PLAYING PROFESSIONAL FOOTBALL WITH THE PHYSICAL CONDITION(S) SET FORTH IN PARAGRAPH 1 ABOVE. NEVERTHELESS, I DESIRE TO CONTINUE MY PROFESSIONAL FOOTBALL CAREER AND TO PLAY PROFESSIONAL FOOTBALL FOR THE CLUB.


PLAYER SIGNATURE / DATE


CLUB PHYSICIAN SIGNATURE/DATE



KANSAS CITY CHIEFS

One Arrowhead Drive • Kansas City, Missouri 64129 • 816-924-9300 • FAX 816-923-5281

MEMORANDUM

TO: Darren Mickell
FROM: Dave Kendall
RE: Mini-Camp Dental Exam
DATE: June 2, 1995

Following the mini-camp physical dental exam, Dr. Kevin Cummings has informed me that you need dental treatment.

This is not only important from a general health aspect but equally important to have your dental problems corrected prior to training camp so as not to worsen the condition during the football season, and to cause missed playing time for a problem that could easily be corrected now.

This can be corrected by Dr. Cummings or your personal dentist, whichever you prefer. You will be re-checked at training camp physical to see if this has been performed. If you would like me to help you with an appointment with Dr. Cummings or find out the correct procedure needed to take to your dentist, please let me know and I will help you. Remember, this is also your financial responsibility, as well, and most should be covered by dental insurance.

If you have any questions please see me.

DK/ar

cc: Marty Schottenheimer

RADIOLOGY ASSOCIATES, Ltd.

GERALD E. STAAB, M.D.
ROBIN R. MacDONALD, M.D.
CRAIG B. McCLURE, M.D.
MARK S. REINSEL, M.D.
DOUGLAS L. NELSON, M.D.

6650 Troost, Suite #210
Kansas City, MO 64131
PHONE No. (816) 363-5606
FAX No. (816) 333-3935

April 26, 1995

PATIENT: Mickell, Darren

DATE OF EXAMINATION: ?

ADDRESS: K.C. Chiefs

REFERRED BY: J. Browne, M.D.

FILE NUMBER:

EXAMINATION: Chest

CLINICAL DATA: Routine.

CHEST, PA, LATERAL:

Films were taken at the Orthopaedic and Sports Medicine Clinic of Kansas City.

The lungs are well expanded and clear. The heart and mediastinum appear normal. No abnormality of the bony thorax detected.

IMPRESSION:

Negative chest.

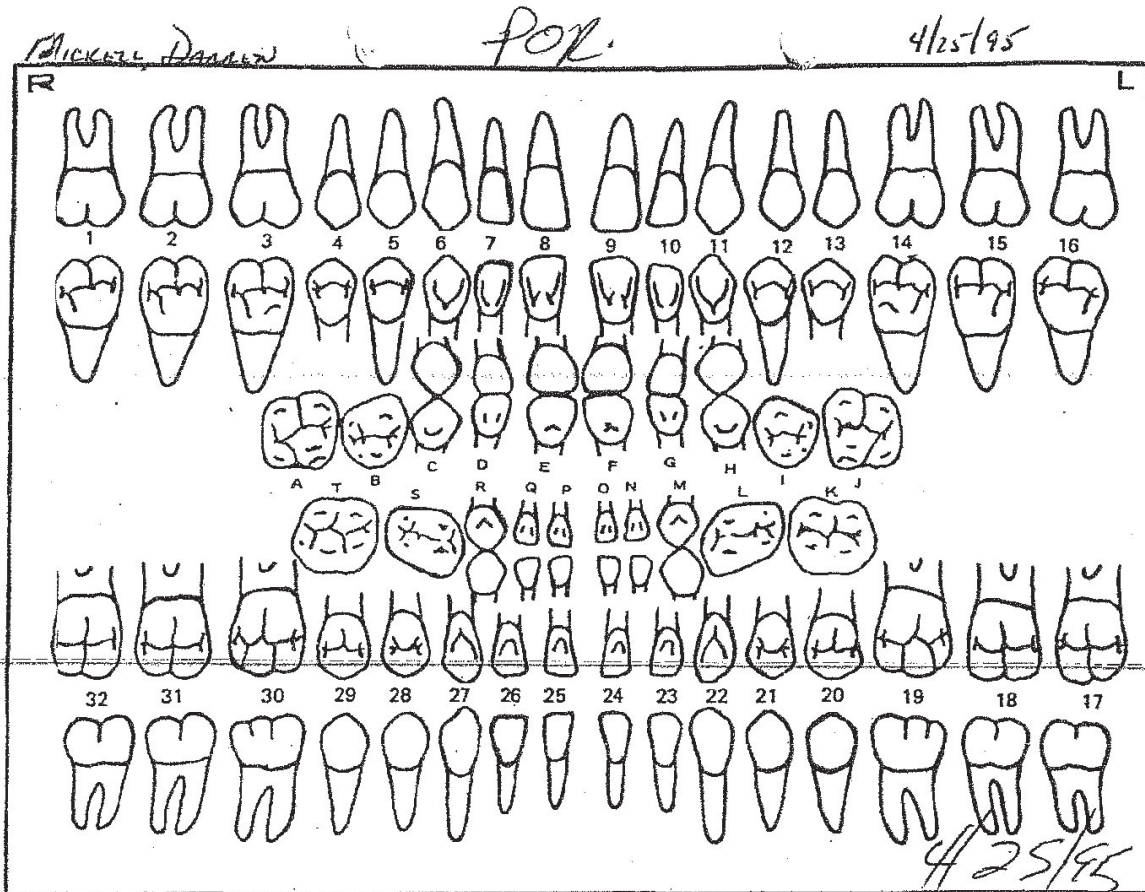
Gerald E. Staab, M.D.
GES/gh

cc: David Kendall
K.C. Chiefs
One Arrowhead Drive
Kansas City, MO 64129

REPORTS FAXED 4-26-95

MICKELL-0284

A0400



TREATMENT PLAN	APPT. DATE	TREATMENT PLAN	APPT. DATE
U.R. saw. to re-eval. ASAP		/ 4/25/95	
II Rec prophyl X RT Lt. Trx as before!			

Kevin J. Cummings, D.D.S., P.C.

☐ "INSTRUCTIONS PRIOR TO SURGERY" GIVEN

401 South Ward

(R16) 246-1003

MICKELL-0285

A0401

EYE EXAMINATION SHEET			
Name	MICHELL, DARRIN		Date
Age	24	HISTORY	No.
Ocular: (I.D., O.S.)	None		
Medical: (Bleeding Tendency).			
Surgical:	0		
Allergies:	0		
Medication: (Steroids, Anticoagulants)			
Family History:			
Correction:	<input type="checkbox"/> Never worn correction <input type="checkbox"/> Correction worn since past years Present correction years old from <input type="checkbox"/> M.D. <input type="checkbox"/> Optometrist <input type="checkbox"/> Other Type <input type="checkbox"/> Single vision <input type="checkbox"/> Reading <input type="checkbox"/> Bifocals <input type="checkbox"/> Trifocals <input type="checkbox"/> Contact Lens		
EXAMINATION			
	O. D.		O. S.
PRESENT GLASSES	add		add
Vision	S 2/20 C	P.H.	S 2/20 C P.H.
External			
Pupils			
Motility			
Manifest Refr.	=		=
Cyclopleg Refr.	=		=
	=		=
	add		add
Tension	Appin.		Appin.
Fields			
Dilation			

MICKELL-0286

A0402

MICKELL, DARREN (NMI)

4-05-95: The player is seen in followup today for his bilateral knee arthroscopic surgeries. He is not having any increasing complaints of aching and tenderness, but he still experiences some grating and grinding about both knees, more so with the left knee than right knee. He has been careful in limiting any knee extension quadriceps strengthening program and/or squats.

On clinical exam today his effusion is almost completely gone from the right knee, but there still is some very mild peripatellar crepitus through his mid ROM from about 20° to 50° of flexion. He has fair to good quadriceps muscle control.

His left knee has a 1-2+ patellofemoral crepitus, with fair to good quadriceps muscle control. There is still a very mild effusion at 1+. He has full extension, without any extensor lag to both knees, with flexion to about 135° bilaterally.

The plans are for the player to continue to work diligently with his quad isometric strengthening exercise program. He will be allowed active ROM, hamstring curls and universal hip program, as well as toe raises and calf step-ups. The player has been precautioned and advised with regard to any knee extensions and squatting type workout programs.

We will check him again for a pre-camp exam in about three weeks' time for a followup evaluation. In the meantime he will also continue with some anti-inflammatory medication, as he is not having any problems tolerating this. On his followup exam we will see if he needs to continue with that for again another few weeks. JEB:rm

4-05-95: cc/Dave Kendall - Chiefs. JEB:rm

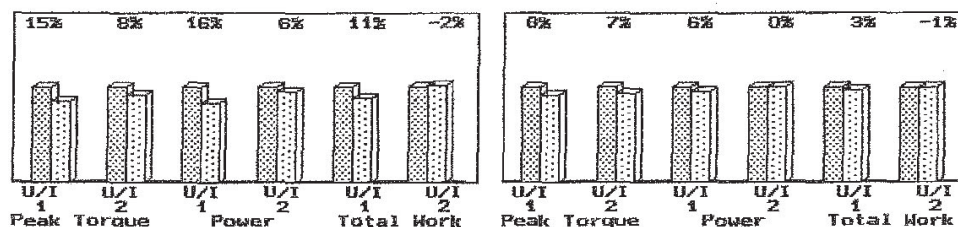
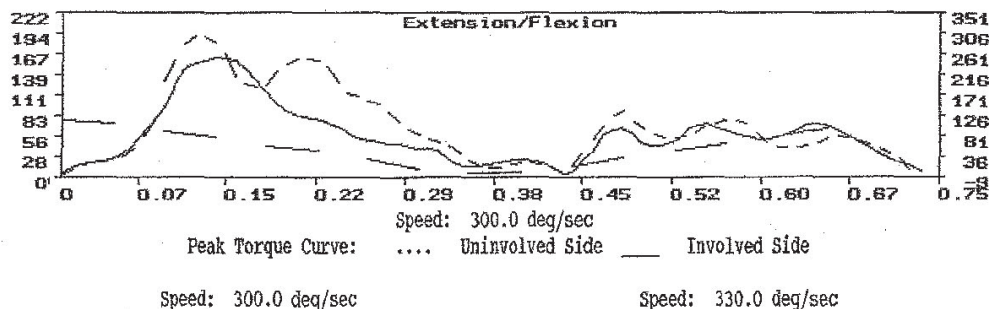
MICKELL-0287

KANSAS CITY CHI'S

BIODEX EVALUATION - 2 SPEED

Name	: Mickell, D.	Clinician	: Kendall, D	Joint	: Knee
ID	: 1926	Referral	:	Pattern	: Extension/Flexion
Age	: 0	Calibration Date	: JAN 30, 1995 at 15:58	Treatment	: Hx. Lt. Scope CMPx3
Sex	: M	Test Date	: JUN 30, 1995	Involved Side	: L
Height	: 76 in	Settings	:	Contraction	: Concentric/Concentric
Weight	: 265 lbs	Data Reported	: All Data	Mode	: Isokinetic

Extension				Uninvolved Involved Deficit(%)				Uninvolved Involved Deficit(%)			
Number of Repetitions	:	6.0	6.0	----				6.0	6.0	----	
Speed (deg/sec):	:	300.0	300.0	----				330.0	330.0	----	
Peak Torque (ft-lbs):	:	185.0	156.5	15.4				183.9	168.3	8.5	
Coefficient of Variance (%)	:	7.5	8.5					4.4	4.5		
Torque/Body Weight (%)	:	69.8	59.1					69.4	63.5		
Max Rep Work (ft-lbs):	:	202.9	179.4	11.6				194.2	192.5	0.9	
Total Work (ft-lbs):	:	1128.2	1003.2	11.1				1094.4	1066.0	2.6	
Average Power (watts):	:	738.1	617.3					721.8	681.3		
Flexion				Uninvolved Involved Deficit(%)				Uninvolved Involved Deficit(%)			
Speed (deg/sec):	:	300.0	300.0	----				330.0	330.0	----	
Peak Torque (ft-lbs):	:	102.2	93.9	8.1				90.7	84.7	6.6	
Coefficient of Variance (%)	:	6.8	13.6					11.9	15.9		
Torque/Body Weight (%)	:	38.6	35.4					34.2	32.0		
Max Rep Work (ft-lbs):	:	110.8	106.0	4.3				85.9	96.2	-12.0	
Total Work (ft-lbs):	:	575.6	589.3	-2.4				447.1	449.5	-0.5	
Average Power (watts):	:	356.8	336.3					280.3	279.7		
Agonist/Antagonist (%)	:	55.2	60.0					49.3	50.3		
Maximum ROM (deg):	:	115.0	117.0	-1.7				116.0	118.0	-1.7	
Anatomical ROM (deg):	From	-3.0	-9.0					-4.0	-9.0		
	To	112.0	108.0					112.0	109.0		



COMMENTS:

MICKELL-0288

A0404

MICKELL, DARREN (NMI)

7-12-95: The player is seen in followup today for his bilateral knee arthroscopic surgeries. He still is having some aching and tenderness (more so on the left) with his day-to-day workout activities. He has been able to get back into an active running program, and he has been performing some knee extension and leg press activities which has been bothersome for him. He is not currently on any anti-inflammatory medication.

On examination he does have a very mild effusion about the left knee, with peripatellar crepitus and grating noted from about 10° to 60° of flexion, without any apprehension or instability to the extensor mechanism otherwise. McMurray's testing is negative and there is no other demonstrable laxity.

The right knee has some very mild peripatellar crepitus noted (less than that of the left knee), with minimal (if any) effusion noted. McMurray's testing is negative. There is a stable extensor mechanism, with fair to good quadriceps muscle development (bilaterally).

Clinically I think the player has had a reasonably good response to his surgeries, but he still is plagued with some recurrent effusion and patellofemoral discomfort with the left knee. I do think he will need to back off from any knee extensions or squat type activities, and I feel he would benefit from being on an anti-inflammatory medication (the idiosyncrasies of the medicine have been discussed with the player).

He will be checked again prior to the start of the summer camp workout activities in a couple of weeks' time at the Arrowhead Facility. He should be okay for full participation this summer, albeit with some restriction on some of his workout type activities during the camp practice routine. J.E. Browne, M.D./rm

7-12-95: cc/Dave Kendall - Chiefs. JEB:rm

MICKELL-0289

A0405

MEDICAL DICTATION .. DR. JON BROWNE
TRAINING ROOM NOTES
JULY 27, 1995

TRANSCRIBED: JULY 29, 1995

DARREN MICKELL

PLAYER IS HAVING SOME INCREASING SWELLING ABOUT BOTH KNEES AND DISCOMFORT AND IS SEEN IN FOLLOWUP. CURRENTLY THE LEFT KNEE IS A LITTLE BIT MORE BOTHERSOME THAN THE RIGHT KNEE, JUST A VERY MILD EFFUSION IS PRESENT. HE HAS FULL MOTION AND A MILD TO ONE PLUS PERIPATELLAR CREPITIS AND GRADING MORESO WITH THE LEFT KNEE THAN RIGHT KNEE FROM ABOUT 20 TO 60 DEGREES OF FLEXION.

THE PLANS ARE TO CONTINUE WITH THE ANTI INFLAMMATORY MEDICATION, THE IDIOSYNCRASIES OF THE MEDICINE HAVE BEEN DISCUSSED WITH THE PLAYER. HE'LL ALSO HAVE USE OF A NEOPREEN KNEE SLEEVES AND CONTINUE TO MODIFY SOME OF HIS WORKOUT ACTIVITIES. HE'LL BE FOLLOWED ALONG THE WAY WITH REGARDS TO HIS REHAB. PROGRAM

ar

MICKELL-0290

A0406

MEDICAL DICTATION .. DR. JON BROWNE

- BUFFALO BILLS

8/19/95

TRANSCRIBED: 8/24/95

DARREN MICKELL

PLAYER SUSTAINED AN INJURY IN THE FIRST PART OF THE 3RD QUARTER DURING THE LONG DEFENSIVE SERIES TO HIS POSTERIOR LATERAL NECK REGION. HE HAD DISCOMFORT TO HIS TRAPEZIUS MUSCULATURE, PERHAPS A LITTLE BIT OVER TO HIS DELTOID AREA OF HIS ARM. BUT NO TINGLING OR NUMBNESS IN HIS HAND. HE DID NOT EXHIBIT ANY DISCOMFORT TO HIS HEAD REGION OR LOSS OF CONSCIOUSNESS OR DIZZINESS ASSOCIATED WITH THIS. AND PRIMARILY HAD SOME LIMITATION OF MOTION AND PAIN. HE WAS RESTRICTED FROM RETURNING BACK TO COMPETITION FOR THE REMAINING PORTION OF THE GAME. AND POST GAME HE HAS ALMOST A FULL RANGE OF MOTION OF HIS CERVICAL SPINE MUSCULATURE. HIS UPPER EXTREMITY STRENGTH AND REFLEXES ARE SYMMETRICAL.

XRAYS TAKEN ABOUT THE NECK REGION POST GAME SHOW NO MAJOR BONY ABNORMALITIES.

CLINICAL IMPRESSION IS ACUTE POSTERIOR LATERAL CERVICAL MUSCLE STRAIN.

THE PLANS ARE TO USE SOME ICE COMPRESSIVE TREATMENTS FOR THIS AREA, ACTIVE RANGE OF MOTION EXERCISES FOR THIS AREA AND HE'LL BE CHECKED AGAIN TOMORROW BY THE TRAINING STAFF.

ar

MICKELL-0291

A0407

MEDICAL DICTATION .. DR. SCOTT
POST GIANTS GAME
9/10/95 TRANSCRIBED: 9/11/95

DARREN MICKELL

PLAYER IS SEEN POST GAME FOR DISCOMFORT IN THE INFRA----- OF THE LEFT 12TH RIB. THIS HAS BEEN BOTHERING HIM FOR THE PAST 2 WEEKS AND WAS AGGRAVATED IN THE GAME TODAY. HE HAS NOT TAKEN A DIRECT BLOW TO THE AREA ACCORDING TO THE PLAYER. ON EXAM HAS MINIMAL TENDERNESS TO PALPATION ALONG THE INFERIOR ASPECT OF HIS 12TH COSTOCHONDRAL JUNCTION Laterally. THERE IS NO SWELLING OR ECCHYMOTIC CHANGE IN THE AREA.

IMPRESSION: LEFT EXTERNAL OBLIQUE STRAIN AT COSTAL ORIGIN. PLAN #1, PLAYER IS ALREADY ON ENDOSIN SR FOR HIS KNEES. HE WILL CONTINUE WITH HIS TRAINING ROOM MODALITIES AND PROTECTION OF THE AREA AS INDICATED.

ar

MICKELL-0292

A0408

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST OAKLAND RAIDERS GAME
09/17/95 TRANSCRIBED: 09/18/95

DARREN MICKELL - RIGHT ANKLE & FOOT

PLAYER SUSTAINED AN ----- DORSIFLEXION INJURY DURING THE
GAME. HE WAS ABLE TO RETURN TO PLAY. FOLLOWING THE GAME HE HAD
SOME SORENESS OVER THE MEDIAL ASPECT OF HIS ANKLE AND OVER THE
ANTERIOR ----- ASPECT OF HIS ANKLE. MOST OF HIS PAIN WAS
ANTERIOR DELTOID AND OVER THE ANTERIOR AND POSTERIOR TIB FIB
LIGAMENT. HE HAD SOME MILD PAIN WITH EXTERNAL ROTATION. DID NOT
APPEAR TO HAVE ANY MARKEDLY TENDER OVER THE ANTERIOR TALOFIBULAR
LIGAMENT. HIS ACHILLES WAS INTACT. HAD NO PROXIMAL FIBULAR PAIN.
RADIOGRAPHS OF HIS RIGHT ANKLE AND FOOT WERE OBTAINED. THERE IS A
SUGGESTION ON HIS LATERAL FEMORAL ----- A VERY SMALL POSSIBLE
CAPSULAR AVULSION IN THE ANTERIOR ASPECT OF THE TIBIA. THE
REMAINDER OF HIS RADIOGRAPHS WERE ESSENTIALLY NORMAL.

IMPRESSION: PROBABLE SYNDESMOTIC LIGAMENT SPRAIN ANTERIOR DELTOID
SPRAIN. RECOMMEND ICE APPLICATION AND ELEVATION. HAVE RECOMMENDED
ANKLE ORTHOSIS PROTECTION. WILL RECHECK TOMORROW.

ar

MICKELL-0293

A0409

MEDICAL DICTATION ... DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
09/20/95 TRANSCRIBED: 09/21/95

DARREN MICKELL - RIGHT ANKLE

CONTINUES TO BE SORE ANTERIORALLY AND POSTERIORALLY ABOUT HIS ANKLE. HE WAS A BIT SORE STILL WITH PALPATION WITH EXTERNAL ROTATION. HE STILL HAD SOME SORENESS WITH TOE RAISING. WAS ABLE TO GET UP ON HIS TOES TO WALK REAL WELL.

IMPRESSION RESOLVING SYNDESMOTIC SPRAIN. RECOMMEND CONTINUED MODALITY TREATMENT AND ANKLE REHAB PROGRAM. WILL CONTINUE TO FOLLOW HIS PROGRESS.

ar

MICKELL-0294

A0410

MEDICAL DICTATION .. DR. SCOTT
9/27/95 TRANSCRIBED: 10/07/95

DARREN MICKELL

PLAYER SEEN IN FOLLOWUP FOR HIS RIGHT ANKLE. HE PARTICIPATED IN SHELLS AT PRACTICE TODAY. FEELS HE IS IMPROVING. HOWEVER, WAS SOME SORENESS PRIMARILY IN THE POSTERIOR LATERAL ASPECT OF HIS ANKLE PARTICULARLY WHEN HE GETS UP ON HIS TOES. EXAM REVEALS MILD RESIDUAL ANKLE SWELLING. MINIMAL SYNDESMOTIC TENDERNESS. POSTERIOR LATERAL DISCOMFORT WITH HEEL RAISE. THERE IS TENDERNESS ALONG THE PERONEAL TENDON SHEATH POSTERIOR LATERAL TO THE FIBULA. THERE IS DISCOMFORT WITH RESISTED EVERSION PLANTARFLEXION OF THE FOOT.

PLAYER WILL CONTINUE WITH HIS TRAINING ROOM MODALITIES. HE CURRENTLY IS USING A SOFT CAST STIRRUP TYPE SPLINT FOR PROTECTION. HE WILL CONTINUE WITH A SHORT COURSE OF ENDOSIN SR. AND PROGRESS WITH PARTICIPATION AS TOLERATED.

ar

MICKELL-0295

A0411

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST ARIZONA CARDINALS
10/01/95 TRANSCRIBED: 10/02/95

DARREN MICKEL - RIGHT ANKLE

PLAYER DID WELL FOR MOST OF THE GAME. HOWEVER, ON ONE PARTICULAR
PLAY SUSTAINED A REINJURY TO HIS RIGHT ANKLE WHICH AT THE TIME WAS
EXTREMELY SORE, HOWEVER, BY THE END OF THE GAME HE HAD WALKED HIS
INJURY OFF AND HAD RELATIVELY MILD SORENESS. HE HAD NOT RE-
DEVELOPED ANY SWELLING. HIS SORENESS WAS STILL PRINCIPALLY OVER
THE DISTAL SYNDESMOSIS ----- MEDIAL SIDED PAIN ACUTELY NOR ANY
PROXIMAL FIBULAR PAIN.

IMPRESSION IS RESOLVING SYNDESMOTIC LIGAMENT SPRAIN. RECOMMEND
CONTINUED ICE, ELEVATION.

ar

MICKELL-0296

A0412

MEDICAL DICTATION .. DR. JON BROWNE
TRAINING ROOM EXAMS - ARROWHEAD
10/05/95 TRANSCRIBED: 10/11/95

DARREN MICKELL

PLAYER IS SEEN IN FOLLOWUP FOR HIS RIGHT ANKLE SPRAIN DISTAL SYNDESMOTIC. HIS TENDERNESS IS STILL LOCALIZED TO THIS REGION. HE DOES NOT HAVE ANY INCREASED INVERSION LAXITY OR ANY ANTERIOR INTERNAL DRAWER SIGN.

THERE IS A SYMMETRICAL RANGE OF MOTION AND THE TENDERNESS IS ALL LOCALIZED TO JUST PROXIMAL TO THE ANTERIO TIB FIB JOINT REGION OVER THE DISTAL SYNDESMOTIC AREA.

THE PLANS ARE TO USE THE COMPRESSIVE WRAPPING AND CONTRAST ICE TREATMENT PROGRAM AND STRENGTHENING STRETCHING EXERCISES WITH PROTECTIVE BRACING AND PADDING. AND HE'LL BE CHECKED AGAIN LATER THIS WEEKEND PRIOR TO THE GAME OR SOONER IF NECESSARY.

ar

MICKELL-0297

A0413

MEDICAL DICTATION .. DR. SCOTT
POST SAN DIEGO GAME
10/09/95 TRANSCRIBED: 10/11/95

DARREN MICKELL

PLAYER SEEN FOR HIS LEFT SHOULDER. HE SUSTAINED AN INJURY TO IT IN THE FIRST HALF. DESCRIBES A DIRECT BLOW TO THE ANTERIOR ASPECT OF THE SHOULDER. HE HAD PAIN PRIMARILY DEEP WITHIN THE AXILLARY REGION INITIALLY. SAYS HE HAD TINGLING IN HIS DIGITS THAT WAS ONLY TRANSIENT. HIS SHOULDER DISCOMFORT INITIALLY IMPROVED. HE PLAYED AGAIN AND THE SORENESS SEEMED TO WORSEN. ON EXAM HE ACTIVELY LACKS ABOUT 15 TO 20 DEGREES OF FORWARD FLEXION AND 15 DEGREES OF EXTERNAL ROTATION. INTERNALLY ROTATES TO THE LEFT SI JOINT. THERE IS NO LOCALIZED TENDERNESS ELICITABLE. THERE IS A REPRODUCEABLE POSTERIOR APPREHENSION SIGN BOTH WITH POSTERIOR TRANSLATION AND THE 90 DEGREE ABDUCTED POSITION AND IN THE INTERNAL ROTATION ADDUCTED POSITION. NEGATIVE ANTERIOR APPREHENSION SIGN. SLIGHTLY GREATER POSTERIOR LAXITY DETECTED ON THE LEFT SIDE COMPARED TO THE RIGHT. ROTATOR CUFF STRENGTH TESTING REVEALS 4 OVER 5 EXTERNAL ROTATION AND SUPRASPINATUS STRENGTH AND 4+ OVER 5 INTERNAL ROTATION STRENGTH. ABDUCTION STRENGTH IS GRADED AT 5 OVER 5 REMAINING WITH UPPER EXTREMITY MOTOR TESTING IS 5 OVER 5. LEFT SHOULDER RADIOGRAPHS SUGGEST FLATTENING OF THE ANTERIOR ASPECT OF THE HUMERAL HEAD POSSIBLY REPRESENTING A REVERSE HILL SAKS (?) LESION. THERE IS ALSO A CALCIFIC FLECK POSTERIOR TO THE GLENOID THAT MAY REPRESENT A REVERSE BANKHART (?) LESION.

IMPRESSION #1: PROBABLE POSTERIOR SUBLUXATION EPISODE LEFT SHOULDER. PLAN #1: SLING AND PILLOW TONIGHT TO MAINTAIN IN SLIGHT EXTERNAL ROTATION. ~~ICE APPLICATION IN TRAINING ROOM NOW IN A.M.~~
WILL SCHEDULE MRI ----- AND CONTRAST TO ASSESS HIS CAPSULAR -----STRUCTURES.

ar

MICKELL-0298

A0414

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
10/11/95 TRANSCRIBED: 10/12/95

DARREN MICKELL - LEFT SHOULDER

PLAYER HAD LESS DISCOMFORT TODAY. HAVE REVIEWED HIS LEFT SHOULDER MRI WHICH SHOWS EVIDENCE OF SUBSTANTIAL ACUTE INJURY WITH -----
- CONTUSION OF HIS POSTERIOR GLENNOID, EVIDENCE OF MARKED POSTERIOR CAPSULAR STRIPPING. ALSO HAS WHAT APPEARS TO BE A TYPE 3 ANTERIOR CAPSULAR ATTACHMENT.

IMPRESSION: LEFT SHOULDER PROBABLE ACUTE POSTERIOR SUBLUXATION, POSSIBLE DISTAL POSTERIOR DISLOCATION AND SPONTANEOUS REDUCTION. WILL KEEP HIM IN A IMMOBILIZER WITH HIS SHOULDER IN SLIGHT EXTENSION AND INTERNAL ROTATION OF HIS SHOULDER. WILL CONTINUE TO FOLLOW HIS PROGRESS WITH THIS IMMOBILIZATION. HAVE DISCUSSED WITH HIM AT SOME LENGTH THE NATURAL HISTORY OF THIS TYPE PROBLEM AND WE'LL SEE HIM BACK OVER THE NEXT SEVERAL DAYS.

ar

MICKELL-0299

A0415

OCT 11 '95 13:38 FROM ORTHO SPORTS
OCT 11 '95 12:52 TELERADIOLOGY-PENNSYLANA

TO DAVE

PAGE.001

P.2

PATIENT NAME	DATE OF BIRTH	AGE	SEX	MEDICAL RECORD	EXAM DATE
MICKELL, DARREN	70	25Y	M	01224508	11-Oct-95
PATIENT LOCATION					
KANSAS CITY	RADIOLOGY ONLY				
REQUESTING PHYSICIAN	EXAM				
IMAGING, KANSAS CITY	TELERAD MR MUSC	Acc #: 1717448			

Associated exams:

Admitting Diagnosis:

History:

LT.SHOULDER-

COMMENT: THE MRI SCAN OF THE LEFT SHOULDER WAS PERFORMED AT MR INSTITUTE OF GREATER KANSAS CITY ON 10-10-95, PER THE REQUEST DR. BROWNE. THE STUDY ARRIVED AT HUP ON 10-11-95, FOR INTERPRETATION. A SPIN ECHO PROTON-DENSITY AND T2 WEIGHTED OBLIQUE CORONAL, OBLIQUE SAGITTAL, AND AXIAL SEQUENCES. AN ADDITIONAL SPINE PROTON-DENSITY AND T2 WEIGHTED AXIAL SEQUENCES WERE PERFORMED WITH THE LEFT SHOULDER IN EXTERNAL ROTATION.

THE ACROMIOCLAVICULAR JOINT IS NORMAL. A TYPE II ACROMION IS IDENTIFIED. THERE IS NO FLUID IN THE SUBACROMIAL-SUBDELTOID BURSA.

POSTERIOR TO THE ROTATOR INTERVAL, THERE IS MILD INCREASED SIGNAL INTENSITY IN THE ROTATOR CUFF, ON THE PROTON-DENSITY WEIGHTED SEQUENCE. ON THE T2 WEIGHTED SEQUENCE, THERE IS NO FOCAL PARTIAL OR FULL THICKNESS CUFF TEAR. MILD EDEMA IS NOTED WITHIN THE INFRASPINATUS MUSCLE POSTERIOR TO THE GLENOID RIM. THIS IS NOTED ON AXIAL IMAGES 15 AND 16 ON SERIES E.

THERE IS A TEAR IN THE POSTERIOR JOINT CAPSULE OF THE GLENOHUMERAL JOINT, WITH FLUID EXTENDING THROUGH THE CAPSULE AND ABUTTING THE DORSAL MARGIN OF THE NECK OF THE SCAPULA. THERE IS ALSO A TEAR OF THE POSTERIOR GLENOID LABRUM, DELINEATED ON AXIAL IMAGES 17 THROUGH 21 ON SERIES 8. FLUID EXTENDS THROUGH THE BASE OF THE LABRUM. THE LABRUM IS NOT DISPLACED. REDUNDANCY OF THE ANTERIOR JOINT CAPSULE IS NOTED. THE ANTERIOR LABRUM APPEARS INTACT. A SMALL AMOUNT OF PARTICULATE MATERIAL ABUTS THE ANTERIOR LABRUM. THE SUPERIOR LABRUM IS INTACT. THE BICIPITAL TENDON AND GROOVE ARE NORMAL. MILD EDEMA IS IDENTIFIED WITHIN THE CANCELLOUS BONE OF THE ANTEROMEDIAL MARGIN OF THE HUMERAL HEAD AND ALSO IN THE BASE OF THE LESSER TUBEROSITY. THIS IS NOTED ON AXIAL IMAGES 16 AND 17 ON SERIES 8. A FOCAL DEFECT IN THE CORTEX IS NOT IDENTIFIED. THERE IS A LARGE EFFUSION IN THE GLENOHUMERAL JOINT.

IMPRESSION:

1. ACUTE TEAR OF THE POSTERIOR JOINT CAPSULE OF THE SHOULDER JOINT ASSOCIATED WITH FLUID EXTENDING FROM THE JOINT INTO THE ADJACENT SOFT

RADIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

MICKELL-0300

A0416

OCT 11 '95 13:39 FR) ORTHO SPORTS
 OCT 11 '95 12:52 TELERADIOLOGY*PENNL98

TO RUE

PAGE.002
 P.3

Page 2

01224508-0

PATIENT NAME	DATE OF BIRTH	AGE	SEX	MEDICAL RECORD	EXAM DATE
MICKELL, DARREN	[REDACTED]	70	25Y	M	01224508 11-Oct-95
PATIENT LOCATION		KANSAS CITY			
REQUESTING PHYSICIAN		RADIOLOGY ONLY			
EXAM					

IMAGING, KANSAS CITY

TELERAD MR MUSC

Acc #: 1717448

TISSUES DORSAL TO THE NECK OF THE SCAPULA. A TEAR OF THE POSTERIOR GLENOID LABRUM IS ALSO PRESENT. MILD EDEMA IS IDENTIFIED IN THE INFRASPINATUS MUSCLE POSTERIOR TO THE GLENOID RIM. THIS IS MOST LIKELY SECONDARY TO A DIRECT CONTUSION FROM THE POSTERIOR SUBLUXATION OR DISLOCATION OF THE HUMERAL HEAD. IT IS ALSO MAY BE DUE TO ECCENTRIC OVERLOAD OF THE MUSCLE. THERE IS AN OSSEOUS CONTUSION LOCATED IN THE ANTEROMEDIAL MARGIN OF THE HUMERAL HEAD AND THE ADJACENT BASE OF THE LESSER TUBEROSITY. THE LOCATION WOULD BE COMPATIBLE WITH AN IMPACTION INJURY SECONDARY TO A POSTERIOR HUMERAL HEAD SUBLUXATION OR DISLOCATION. REDUNDANCY OF THE ANTERIOR JOINT CAPSULE IS NOTED. THERE IS NO EVIDENCE OF A TEAR OF THE SUPERIOR OR ANTERIOR LABRUM. A LARGE JOINT EFFUSION IS IDENTIFIED WITHIN THE GLENOHUMERAL JOINT.

NO FOCAL PARTIAL OR FULL THICKNESS ROTATOR CUFF TEAR. MILD INCREASED SIGNAL INTENSITY IS NOTED WITHIN THE ROTATOR CUFF.

606

Approved by:

Richard Herzog, MD /signed by/ Richard Herzog, MD

Transcribed on: 11-Oct-95 12:03 PM by Clay A Carm

Last Edited on: 11-Oct-95 12:04 PM by Clay A Carm

Finalized on: 11-Oct-95 12:43 PM by Richard Herzog, MD

C O P Y

BIOLOGY DEPARTMENT, UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

MICKELL-0301

A0417

MEDICAL DICTATION .. DR. JON BROWNE
POST NEW ENGLAND GAME
10/15/95 TRANSCRIBED: 10/16/95

DARREN MICKELL

PLAYER WAS SEEN IN FOLLOWUP FOR HIS LEFT POSTERIOR -----
SUBLUXATION. HE'S HAD QUITE A BIT LESS DISCOMFORT FROM HIS LAST
VISIT A COUPLE OF DAYS AGO IN THE TRAINING CENTER. HE CURRENTLY
STILL HAS A LITTLE BIT OF POSTERIOR INFERIOR AXILLARY PAIN BUT HE
HAS GOOD FORWARD FLEXION AND POSTERIOR EXTENSION, AND ABDUCTION OF
HIS SHOULDER OUT TO 90 DEGREES. THERE IS NO DISCOMFORT TO THE
SHOULDER AREA ITSELF IN TERMS OF ROTATION AT LEAST WITH THE ARMS
KEPT DOWN AT HIS SIDE. HIS EXTERNAL ROTATION IS PAINFUL IN HIS
POSTERIOR ROTATOR CUFF AREA. INTERNAL ROTATION IS NOT BOTHERSOME.

THE PLANS ARE TO CONTINUE WITH HIS SLING IMMOBILIZATION, BUT WE'LL
ALLOW HIM TO INCREASE HIS RANGE OF MOTION EXERCISE TREATMENT
PROGRAM WITH PENDULUM AND START SOME LIGHT STRENGTHENING EXERCISES
FOR HIS DISTAL FOREARM, ELBOW MUSCULATURE. WE'LL ALSO GIVE HIM THE
OKAY FOR WORKING WITH AN AIRODYNE BIKE TO MAINTAIN SOME
CARDIOVASCULAR FITNESS. BUT TO NOT USE HIS LEFT UPPER EXTREMITY
DURING THIS PERIOD OF TIME.

WE'LL CHECK HIM AGAIN IN REGULAR VISIT IN THE TRAINING CENTER LATER
THIS WEEK.

ar

MICKELL-0302

A0418

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM NOTES
10/19/95 TRANSCRIBED: 10/20/95

DARREN MICKELL - LEFT SHOULDER

PLAYER TODAY HAD ACTIVE ELEVATION TO APPROXIMATELY 130 DEGREES
WITHOUT TOO MUCH PROBLEMS. WILL CONTINUE TO RECOMMEND
IMMOBILIZATION FOR THE NEXT SEVERAL DAYS UNTIL EARLY NEXT WEEK WHEN
I ANTICIPATE BEGINNING A GENTLE STRENGTHENING PROGRAM WITH EARLY
EMPHASIS ON BELOW (?) HORIZONTAL ROTATION.

ar

MICKELL-0303

A0419

MICKELL, DARREN (NMI)

10-24-95: The player is seen in followup today for his left shoulder injury. He still is experiencing some tenderness along the inferior posterior axillary fold with protraction of the shoulder forward and in the posterior extension phase. There is no demonstrable weakness though to external or internal rotation or abduction against resistance.

The plans are to allow the player to increase his running workout activities, which he started yesterday without difficulty. He will also be allowed to increase dumbbell and sport cord/theraband tubing for workouts with his upper extremity. He is to stay out of any contact drills at this point.

The player will be checked again next week at the Training Center, and we will be in touch with the Training Staff today with regard to our recommendations to a continuing treatment program. J.E. Browne, M.D./rm

10-24-95: cc/Dave Kendall - Chiefs. JEB:rm

MICKELL-0304

A0420

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM NOTES

11/01/95 TRANSCRIBED: 11/02/95

DARREN MICKELL - LEFT SHOULDER

PLAYER INDICATES HE'S DOING VERY WELL. HE FEELS GOOD AND THAT HIS SHOULDER IS NOT PAINFUL AT THE MOMENT. HE'S ABLE TO DO MOST OF HIS SIMULATED PRACTICE ACTIVITIES WITHOUT PAIN. ON EXAM TODAY HE HAD ESSENTIALLY FULL MOTION. HE HAD EXCELLENT STRENGTH TO RESISTED TESTING IN ALL PLANES WITHOUT ANY DEMONSTRABLE WEAKNESS. I COULDN'T DEMONSTRATE ANY SIGNIFICANT PAIN OR APPREHENSION WITH POSTERIOR DIRECTED HUMERAL HEAD FORCES TODAY. DID NOT APPEAR TO HAVE ANY APPREHENSION. I COULDN'T REPRODUCE ANY SIGNIFICANT CLUNK (?) TODAY. PROGRESS TO DATE IS QUITE GOOD AND WE'LL CONTINUE WITH HIS STRENGTHENING AND GRADUAL RETURN TO PRACTICE.

ar

MICKELL-0305

A0421

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST WASHINGTON REDSKINS
11/05/95 TRANSCRIBED: 11/06/95

DARREN MICKELL - LEFT SHOULDER

PLAYER DID NOT PARTICIPATE IN THE GAME TODAY. HE INDICATES HE'S CONTINUING TO DO WELL. HE HAS FULL FORWARD ELEVATION OF HIS SHOULDER. FULL EXTERNAL ROTATION AND TRUNK ROTATION. EXCELLENT STRENGTH IN ALL PLANES. I COULD PRODUCE MINIMAL PAIN WITH POSTERIOR DIRECTED HUMERAL HEAD FORCES. PLAYER AT THIS POINT SEEMS TO BE PROGRESSING QUITE WELL. HE FEELS LIKE HE'S DOING WELL ENOUGH AND INDICATES THE DESIRE TO RETURN TO PRACTICE AND WOULD FEEL LIKE HE CAN INCREASE HIS PRACTICE ACTIVITIES AS HIS SYMPTOMS ALLOW.

ar

MICKELL-0306

A0422

MEDICAL DICTATION .. DR. SCOTT
TRAINING ROOM VISIT
11/08/95 TRANSCRIBED: 11/09/95

DARREN MICKELL

PLAYER SEEN IN FOLLOWUP FOR HIS LEFT SHOULDER. REPORTS HE HAS ONLY MINIMAL RESIDUAL DISCOMFORT IN THE AXILLARY AREA WITH ARM ELEVATION. THE PRACTICED IN FULL PADS TODAY AND SAYS HE HAD NO PROBLEMS. HE'S PRIMARILY BEEN CONCENTRATING ON THERABAND STRENGTHENING FOR HIS ROTATOR CUFF. HAS NOT DONE FREE WEIGHTS YET. HE IS APPROXIMATELY 4 AND 1/2 WEEKS POST INJURY NOW. ON EXAM TODAY HE HAS FULL ACTIVE RANGE OF MOTION OF THE LEFT SHOULDER. THERE IS NO TENDERNESS IN THE AXILLA OR ABOUT THE SHOULDER. MILD DISCOMFORT WITH POSTERIOR APPREHENSION TESTING BUT NO TRUE APPREHENSION SIGN. HE HAS 4 OVER 5 SUPRASPINATUS STRENGTH. ADDUCTION, EXTERNAL, AND INTERNAL ROTATION STRENGTH IS 5 OVER 5.

PLAYER WILL PROGRESS WITH HIS ROTATOR CUFF STRENGTHENING. WE WILL BEGIN ADDITIONAL UPPER BODY WEIGHT LIFTING AS TOLERATED. HE WILL PROGRESS WITH PARTICIPATION AS TOLERATED. WILL CONTINUE WITH HIS TRAINING ROOM MODALITIES.

ar

MICKELL-0307

A0423

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
ORTHOPEDIC EXAMINATIONS - LOCKER ROOM VISIT
11/15/95 TRANSCRIBED: 11/16/95

DARREN MICKELL - LEFT SHOULDER

PLAYER INDICATES HE WAS GETTING ALONG WELL AND HAD NOT HAD REALLY
NEW INJURIES DURING THE LAST GAME. BUT TODAY HE WAS BLOCKING A
BLOCKING DUMMY WITH HIS ARM OUTSTRETCHED AND FELT A SLIGHT
POSTERIOR SORENESS ALTHOUGH HE DID NOT FEEL ANYTHING SLIP OUT OF
PLACE. TODAY HE STILL HAD FULL SHOULDER MOTION WITH GOOD STRENGTH
IN ALL PLANES AND I COULDN'T PRODUCE SIGNIFICANT PAIN WITH
POSTERIOR INSTABILITY TEST. HAVE SUGGESTED THAT HE MODIFY SOME OF
HIS PRACTICE ACTIVITIES, CONTINUE WITH HIS EXERCISE STRENGTHENING.
WE'LL CONTINUE TO SEE HOW HE GETS ALONG OVER THE NEXT FEW DAYS.

ar

MICKELL-0308

A0424

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
POST MIAMI GAME
12/11/95 TRANSCRIBED: 12/12/95

DARREN MICKELL

PLAYER INDICATES THAT HE SUSTAINED A MILD INJURY TO HIS LEFT SHOULDER DURING THE GAME IN OAKLAND A WEEK AGO. HE HAD NOT BEEN SEEN BY THE MEDICAL STAFF FOLLOWING THE GAME. APPARENTLY HAD DESCRIBED SOME MILD SORENESS ON MONDAY AFTER THE GAME. HOWEVER HAD NOT RECEIVED TREATMENT THROUGH THE WEEK AND HAD NOT BEEN SEEN BY ME ON THURSDAY WHEN I HAD SEEN THE PLAYERS. TODAY I EXAMINED HIM - IS LOCALLY SORE OVER THE AC JOINT. HE HAD PAIN WITH CROSS CHESTED ADDUCTION BUT OTHERWISE HAD FULL RANGE OF MOTION, EXCELLENT STRENGTH IN ALL PLANES. HIS LEFT AC JOINT WAS INJECTED AT THE PLAYER'S REQUEST WITH MARCAINE AND EPINEPHERINE. IT WAS DONE UNDER STERILE CONDITIONS. THE PLAYER TOLERATED THE INJECTION WELL. HAD RELIEF OF HIS PAIN FOLLOWING THE INJECTION.

ar

MICKELL-0309

A0425

MEDICAL DICTATION ... DR. CRIS BARNTHOUSE
POST DENVER GAME
12/17/95

TRANSCRIBED: 12/18/95

DARREN MICKELL

HE INDICATES HIS RIGHT AC JOINT AREA HAS BEEN ESSENTIALLY IMPROVED WITH MINIMAL SORENESS ALTHOUGH HE IS GETTING SOME SORENESS JUST SUPERIOR MEDIAL TO THE SCAPULAR AREA AND ALMOST A TRIGGER POINT TYPE PAIN IN THIS AREA. HE HAD GOOD FULL MOTION, GOOD STRENGTH IN ALL PLANES. RIGHT THIGH TODAY HE SUSTAINED A DIRECT BLOW TO HIS MID QUAD RIGHT OVER HIS RECTUS FEMORUS AND WAS SLIGHTLY SORE TO TOUCH IN THAT AREA. HE HAD FULL KNEE FLEXION, GOOD STRAIGHT LEG ABILITY.

IMPRESSION QUAD CONTUSION WITHOUT PALPABLE DEFECT OR SIGNIFICANT SWELLING. AT THIS POINT RECOMMEND ICE APPLICATION IN A FLEXED KNEE POSTURE. RECHECK TOMORROW.

ar

MICKELL-0310

A0426

MEDICAL DICTATION .. DR. CRIS BARNTHOUSE
TRAINING ROOM VISIT
12/20/95

TRANSCRIBED: 12/21/95

DARREN MICKELL

PLAYER INDICATES HIS RIGHT AC JOINT CONTINUES TO IMPROVE AND HE HAS MINIMAL CHANGE IN THE EXAM. HE HAD MILD SORENESS, EXCELLENT MOTION AND STRENGTH. HE INDICATES THAT HE DIDN'T PRACTICE TODAY BECAUSE OF SOME SORENESS IN HIS RIGHT TO MID QUAD. TODAY ON EXAM HE HAD NO PALPABLE DEFECTS, NO SWELLING, HE HAD FULL KNEE MOTION. HE HAD SOME SORENESS WITHOUT WEAKNESS TO RESISTED KNEE EXTENSION STRAIGHT LEG.

IMPRESSION RESOLVING RIGHT QUAD CONTUSION. RECOMMEND CONTINUED MODALITY TREATMENT AND STRENGTHENING.

ar

MICKELL-0311

A0427

1
PAGE

Kansas City Chiefs Football
Medical History by Player/Date From: 1/01/95 To 1/08/96

PPR580R 1/22/96
10:39:04

MICKELL, DARREN

Date	Comments
2/06/95	2/6-10/95 RT. WRIST TALKING TO MARTY. STILL HAS SORENESS OF WRIST. I'VE CALLED HIM, WE'LL BRIN G HIM TO K.C. NEXT WK. TO BE EVAL'D BY DR. BROWNE. THO HE STATES NOW HIS WRIST FEELS BETTER.
2/13/95	2/13-17/95 RT. WRIST SEEN BY DR. BROWNE THIS WK. FOLLOWUP EXAM FOR SORENESS. HAD MRI EXAM WHIC H DR. BROWNE REPORTED NEGATIVE TUE. A.M. ALSO HAD SOME COMPLAINTS ABOUT HIS KNEES AND POSSIBLY WAN ING TO GET KNEES SCOPE, BUT WAS TO COME SEE ME TUE. & WED., HAD APPNT. W/NFL DRUG PEOPLE THUR. AS OF THIS DICTATION LATE FRI. P.M. TRYING TO REACH HIM TO HAVE HIM REPORT TO ME AND/OR TALK TO ME TO F IND OUT ABOUT POSSIBILITY OF GETTING KNEE SCOPIED. WILL CONT. TO TRY & REACH HIM OVER WKEND.
2/20/95	2-20/24/95 BOTH KNEES I'VE BEEN TRYING TO REACH ALL WK, WED. FINALLY ABLE TO REACH HIM. SET HIM HIS TIME SLOTS FOR DR. BROWNE FOR PERFORM SURG. ON BILATERAL KNEE MON FOR DEBREMMENT. DARRELL IS AGREEABLE TO THIS. I WILL CONT. TO CALL OVER WKEND TO MAKE SURE HE ARVS. IN K.C.
2/27/95	2-27-3-3/95 BOTH KNEES SURG. SCH'D FOR MON. THIS WK CANCELLED BY HIM. MARTY TALKED W/HIM & WILL TRY TO REACH RE. SURG. CANNOT BE PUT OFF MUCH LONGER. WILL KEEP IN CONTACT REMAINDER OF WK.
3/06/95	3-6-3-10/95 BOTH KNEES FINALLY GOT HIM IN TOWN MON., SURG. DONE TUE. DISMISSED WED. THUR & FRI . HE CAME FOR TREATMENT. HAD GD. ROM. WE STARTED W/NONWT.BEARING STRAIT LEG RAISE. PORTALS LK. GD . W/OUT SIGNS OF INFECTION. PROB. BE OFF CRUTCHES MON.
3/13/95	3-13-17-95 BOTH KNEES CONT. REHAB. MOTION, STRAIT LEG RAISING EXER. 5 LB. 1 SET OF 25 & 1 SET OF 15 W/10 SEC. HOLDS. WE WILL INCREASE WT. NEXT WK. GOOD WEEK OF REHAB.
3/20/95	3-27-31-95 BOTH KNEES REPORTS DAILY FOR TREATMENT & REHAB., FRI. ILL & PERFORMED LIFTING ONLY, N O CONDITIONING WORK, VAGUE SYMPTOMS BUT MORE OF A HEAD COLD & HIS WTS. WERE DOWN, THRUOUT WK. EXCEPT FOR FRI. STRAIT LEG RAISE 10 LBS. 25 REPS. W/10 SEC.HOLDS, AIRODYNE 10 MINS. & COMING BACK W/10 LBS . 20 REPS. W/10 SEC.HOLDS, INCREASED TO 15 LB. WED. HE CONT. TO MAKE SLOW BY STEADY PROGRESS
3/21/95	3-20-24-95 BOTH KNEES REPORTED TO T.R. EVERY DAY, DID CORRECTIVE EXER. CONSISTING OF STRAIT LEG RAISES W/10 LB. 10 REPS. W/10 SEC.HOLDS. MOTION EXER. AIRODYNE BIKE W/ARMS ONLY FOR 20 MINS. FOR C ARDIOVASCULAR CONDIT., STRAIT LEG RAISES 2ND X 10 LB. X'S 20 REPS. W/10 SEC. HOLDS. REC'D ICE & MUS CL-STEM AFTER ROUTINE. SAME ROUTINE EVERY DAY THIS WK.
4/03/95	4-3-7-95 BOTH KNEES CONT. TREATMENT & REHAB. STRAIT LEG RAISE 15 LB. 25 X'S 1, BIKING, AIRODYNE ONLY. REPEATING STRAIT LEG RAISE 15 REPS. X'S 1 SET W/10 SEC.HOLDS & OTHER UPPER EXTREMITY LIFTING . GD. WEEK OF REHAB. STARTING TO LOSE SOME OF FLUID HE HAD AROUND HIS KNEES. WE ARE ALSO PERFORMI NG HAMSTRING CURLS, POOL RUNNING, 4 WAY HIP & CATBOARD EXER.
4/10/95	4-10-14-95 BOTH KNEES REPORTS DAILY FOR TREATMENT & REHAB., STRAIT LEG RAISE 20 LB. 25 REPS. W/1 0 SEC.HOLDS. PERFORMS WTS., 4 WAY HIP, CATBOARD EXER, HAMSTRING CURLS, THEN COMPLETES W/STRAIT LEG RAISE 15 REPS. X'S 1 SET BOTH LEGS, PERFORMS 20 MINS. POOL WK. & RUNNING IN POOL NONWT.BEARING, PERF ORMS THESE DAILY ALONG W/HIS ROUTINE UPPER EXTREMITY LIFTING
4/17/95	4/17-21/95 BOTH KNEES CONT. STRAIT LEG RAISE 20 LB. 30 REPS. X'S 1, 4WAY HIP, HAMSTRING CURLS, C APBOARD, POOL RUNNING AND UPPER EXTREMITY LIFTING. HE REPORTS MON. THRU THUR. FRI HAD TO GO HOME BU T IS SHOWING SIGNS OF IMPROVEMENT, FLUID KNEES DECREASING.
4/24/95	4/24-28/95 BOTH KNEES OUT MON. CAME IN TUE. 20 LB. STRAIT LEG RAISE 25 REPS. W/10 SEC.HOLDS, WT S. 4 WAY HIP, HAMSTRING CURLS, 20 MIN. POOL RUNNING, ANOTHER BOUT OF 20 LB. STRAIT LEG RAISES 15 X'S 1. DOING WELL IN REHAB. TO DATE.
4/28/95	4/28/95 MINI CAMP BOTH KNEES NO ACTIVITY. MISSED BOTH PRAC'S.
4/29/95	4/29/95 NO ACTIVITY. MISSED BOTH PRAC'S.
4/30/95	4/30/95 NO ACTIVITY. MISSED BOTH PRAC'S.
5/01/95	5/1-5/95 TREATMENT MON-TUE-WED., STRAIT LEG RAISE 20 LB. 20 REPS. W/10 SEC.HOLDS, 4WAY HIP CURLS, POOL RUNNING, STRAIT LEG RAISE 25 LB. 6 REPS W/10 SEC.HOLDS. THESE EXER. THRUOUT WK. GONE THUR & F RI. WILL RET. MON.
5/08/95	5/8-12/95 BOTH KNEES MON. DID NOT RET AS I ADVISED BUT DID TUE. STRAIT LEG RAISE 20 LB. 20 REPS W/10 SEC.HOLDS, UPPER EXTREMITY LIFTING, HAMSTRING 4WAY HIP, 25 LB. STRAIT LEG RAISE 6 SETS OF 1 REP W/10 SEC.HOLDS, CAPBOARD, POOL RUNNING 20 MIN. MAKING SLOW BUT STEADY PROGRESS I FEEL IN HIS REHAB.
5/15/95	5/15-19/95 BOTH KNEES CONT REHAB, STRAIT LEG RAISE 20 LB. 20 SETS W/10 SEC.HOLDS, 4WAY HIP, HAMS TRING CURLS, CALF RAISES, LEG PRESS BEGUN 30 DEG. TO ZERO 3 SETS 15 AT 75 LB., EXT. 20 DEG. TO ZERO

MICKELL-0312

A0428

PAGE 2

PPR580R 1/22/96 Kansas City Chiefs Football
10:39:04 Medical History by Player/Date From: 1/01/95 To 1/08/96

MICKELL,DARREN

Date	Comments
5/22/95	3 SETS 12 AT 30 LB., POOL RUNNING. KNEES SLIGHT SORE POST INCREASED ACTIVITY, NO MORE FLUID CAUSE OF WORKING OUT AND I THINK IS MAKING STRAIGHT BUT SLOW PROGRESS.
5/29/95	5/22-26/95 BOTH KNEES REHAB, STRAIT LEG RAISE 20 LB. 20 REPS W/10 SEC. HOLDS, 25 LB. 8 REPS. W/1 W/10 SEC. HOLDS, 125 LB. LEG PRESS, 4 WAY HIP & CALF. GD. WK OF REHAB. CONT SLIGHT SORENESS DURING SO ME ACTIVITY, BUT DOES NOT DEVELOP FLUID.
6/05/95	5-29-6-2-95 BOTH KNEES SCH'D REPORT TO KC TUE. BUT FAILED TO REPORT. MARTY NOTIFIED. WED. CAME IN. STRAIT LEG RAISE 20 LB. 20 REPS W/10 SEC. HOLDS, 4 WAY HIP EXT, LEG PRESS CURLS & CALF RAISES. W E INCREASED WTS. ON LEG. PERFORMED 25 LB. STRAIT LEG RAISES 6 REPS W/10 SEC. HOLDS., 20 MIN. POOL RU NNING. MAKING GD. BUT SLOW PROGRESS. FRI OUT OF TOWN.
6/12/95	6-5-9-95 BOTH KNEES IN MIAMI. MON. CALLED HIM. TUE CALLED STATING IN WED. REINSTIT'D REHAB WED. W/STRAIT LEG RAISE 20 LB. CONT WORKOUT AS BEFORE. SHOWING SLOW PROGRESS. THUR. I LET HIM WORK ON FIELD ON TURF & SORENESS FRI. BUT NO FLUID ACCUMULATION.
6/19/95	6-12/16-95 CONT REHAB., STRAIT LEG RAISE 20 LB. 25 X'S 1 W/10 SEC. HOLDS. 25 LB. 8 X'S 1 W/10 SEC. HOLDS. PERFORMS LEG WTS. ON CARD INCLUD. 4 WAY HIP CURLS, EXT. & LEG PRESS. SHOWING GD. SIGNS I THINK AT SOMETIMES DOESN'T WORK AS HARD BUT I THINK RECOVERING NORMAL AT THIS TIME.
6/26/95	6-19/23-95 OUT OF TOWN. CALLED MON. LATE, ADVISED HE MITE BE BACK LATER IN WK. WED. TOLD ME WOULD BE GONE ALL WK. TOLD MARTY & CARL.
7/03/95	6/26-30/95 BOTH KNEES REPORTED DAILY XCEPT WED. (ILL). THUR WORKOUT CURTAILED CAUSE OF FLU. CONT STRAIT LEG RAISE 20 LB. 20 REPS X'S 1 W/10 SEC. HOLDS, 25 LB. 8 X'S 1 W/10 SEC. HOLDS. LEG WTS. IN CLSVE OF HIP SLED, EXT. CURLS, 4 WAY HIP & CALF, CATBOARD, POOL & BIKING EXER. BIODEX FRI. SHOWING 15% DEFICIT TO LT. SIDE, LT. KNEE LITTLE MORE SORE WHEN HE PERFORMED THESE EXER. BUT STRENGTH BETTER T HAN I WOULD HAVE ANTICIPATED, ESP. TORQUE IN RELATION TO BODY WT. AT THAT SPD. LOOKS AS THO MAKING G OOD PROGRESS W/VERY LITTLE EFFUSION ABOUT KNEE.
7/24/95	7/3-7/95 BOTH KNEES REPORTED TO T.R. THUR & FRI. MON & TUE HOLIDAYS. NO SHOW WED. FOR SCH'D WO RKOUT. THUR STRAIT LEG EXER W/20 LB. 30 X'S 1 SET ON BOTH KNEES, WTS ON CARD, PATTERN RUN X'S 2, TH EN ANOTHER SET OF STRAIT LEG RAISES W/25 LBS REPS 8 X'S 1. FRI. SAME WORKOUT EXCEPT PATTERN RUN EXT ENDED TO SETS OF 3.
7/25/95	BOTH KNEES & LOW BACK. CONT TO COMPLAIN OF SORENESS LOW BACK, EXAM NORMAL. AFTER AM PRAC. SLIGHT A MT. FLUID RT. KNEE WHICH STILL SHOWED IN PM. OTHER THAN THAT KNEES HAVE SORENESS, RT MORE THAN LT T ODAY. ALSO HAD SLIGHT STOMACH VIRUS FROM SAT. NITE WHICH CARRIED INTO LAST NITE. GIVEN MEDIUM. HAD D IARRHEA AFTER AM PRAC.; NOT LOST TOO MUCH FLUID. LIM'D BOTH PRAC.
7/26/95	BOTH KNEES SEEN BY DR. BARNTH.; MULTIP. THERAPIES; STILL HAS PATELLA FEMORAL SORENESS BOTH KNEES, RT GREATER THAN LT; BUT FLUID DOWN THIS AM OVER YEST; CONT PRAC; DID NOT PERFORM OKLA. DRILL IN AM.
7/27/95	BOTH KNEES CONT SORENESS, NO CHANGE IN FLUID; MULTIP THERAPIES & PRAC. FULLY BOTH PRAC. BOTH KNEES MORE INCREASED FLUID THAN HE'S HAD PREV. AT 1+ OR LITTLE MORE, FULL ROM, HE COMPLAINS O F SORENESS BUT I THINK IT'S IMP. THAT HE CONT TO PUSH HIMSELF THIS WK & WE CAN START BACKING HIM OFF NEXT WK, LIM'D EXPOSURE TO ACTIVITY DURING OFF-SEASON PROGRAM & ESP. TIL LAST HALF JUNE DID HE STAR T RUNNING VERY MUCH, I THINK THIS IS EARLY REACTIONARY TYPE FLUID DUE TO EARLY PRAC'ING; HAS BEEN DI SCUS'D W/MARTY & CARL; HE CONT TO PRAC. REC'ING MULTIP. THERAPIES.
7/28/95	BOTH KNEES REC MULTIP THERAPIES. STILL SORENESS ABOUT KNEE, NO CHANGE. ALSO COMPLAINED TODAY OF S ORENESS ABOUT LAT MUSCULATURE. SEEN BY DR. BROWNE FOR IT. PRAC LIM'D
7/29/95	BOTH KNEES MULTIP THERAPIES, SORENESS, NO CHANGE. PARTIC. IN SCRIM.
7/30/95	BOTH KNEES THERAPY, CONT SORENESS AND NO CHANGE IN FLUID.
7/31/95	BOTH KNEES - RECEIVES MULTIPLE THERAPIES. STILL HAS SOME SORENESS WITH A SLIGHT AMOUNT OF FLUID. M AINTAINS A FULL RANGE OF MOTION. PRACTICES LIMITED.
8/01/95	BOTH KNEES - CONTINUES TO HAVE SORENESS OF BOTH KNEES AND WILL BE RESTED TOMORROW MORNING'S PRACTICE . HAS SOME SORENESS OF THE RIGHT AC WHERE HE STATES THAT YESTERDAY HE LANDED ON THE GROUND AND ANOT HER PLAYER FELL ON TOP OF HIM AND RESULTED IN SOME AC JOINT SORENESS. HE HAS A FULL RANGE OF MOTION . EXCELLENT STRENGTH. GETTING SOME BILATERAL SHOULDER AXILIARY SORENESS WHICH HE HAS HAD PREVIOUS C AMPS WITH HIS DEFENSIVE LINE PLAY. HE RECEIVES MULTIPLE THERAPIES AND PRACTICE IS LIMITED.

MICKELL-0313

A0429

PAGE 3

Medical History by Player/Date From: 1/01/95 To 1/08/96

PPR580R 1/22/96
10:39:04

MICKELL, DAREN

Date	Comments
8/03/95	BOTH KNEES - MULTIP THERAPIES, DECREASING SORENESS, FLUID SAME. PRAC. LTM.
8/04/95	BOTH KNEES - CONTINUES TO RECEIVE MULTIPLE THERAPIES. IS NOT AS SORE. STILL HAS A SLIGHT AMOUNT OF FLUID PRESENT. PRACTICED LIMITED.
8/05/95	BOTH KNEES - RECEIVED ICE. PLAYED IN GAME. THE LEFT WAS SLIGHTLY MORE SORE THAN THE RIGHT KNEE.
8/06/95	BOTH KNEES - SEEN BY DR. BARNTHOUSE. RECEIVES THERAPY. STILL HAS SOME SORENESS WITH THE LEFT BEING SLIGHTLY SORER THAN THE RIGHT. MOST OF HIS SORENESS IS UP IN THE LATERAL QUADRICEPS TENDON AREA AND D IT BAND. A LITTLE BIT ANTERIOR TO THAT. HE RECEIVES THERAPY AND WILL CONTINUE TO WORK OUT.
8/07/95	BOTH KNEES - MULTIP THERAPIES, STILL SORENESS LT KNEE. PRAC. FULLY
8/08/95	BOTH KNEES - CONTINUES TO RECEIVE THERAPY. THE LEFT SLIGHTLY MORE SORE THAN THE RIGHT. THERE IS NO CHANGE IN HIS FLUID. PRACTICES FULLY
8/09/95	BOTH KNEES - MULTIP THERAPIES, NOT AS SORE. PRAC. FULLY.
8/10/95	BOTH KNEES - RECEIVES THERAPY FOR SOME SORENESS. FLUID LOOKS LIKE IT IS DOWN. PRACTICED FULLY.
8/14/95	BOTH KNEES - CONT SORENESS, LT GREATER THAN RT W/SLIGHT AMT EFFUSION. PRAC. FULLY.
8/16/95	BOTH KNEES - RECEIVES THERAPY. HAS SOME SORENESS. THERE IS NO CHANGE IN HIS EXAM OR EFFUSION. PRACTICES FULLY.
8/17/95	BOTH KNEES AND RIGHT HAMSTRING - HAS DEVELOPED SOME SORENESS OF ALL THESE AREAS. FOLLOWING THE A.M. PRACTICE, HE HAD SORENESS OVER THE RIGHT MEDIAL HAMSTRING AREA. HE RECEIVES THERAPY AND PRACTICED FULLY BOTH PRACTICES.
8/19/95	BOTH KNEES SORENESS, STILL FLUID BUT UNCHANGED. PLAYED IN BUF.GAME, 3RD QTR. SUSTAINED SORENESS LT TRAP, DID NOT PLAY REMAINDER, SEEN BY DR. BROWNE & XRAYED & ICE.
8/20/95	NECK, MULTIP THERAPIES, SLIGHT LOSS OF MOTION TO LT. ROTATION & SORE ON EXT. IN LT. TRAP BUT FEELS BETTER. ALSO THERAPY FOR BOTH KNEES, SAME AMT. EFFUSION & SORENESS AREA OF RT. HAMSTRING. EXAM OTHER WISE NEG
8/21/95	NECK - RECEIVES MULTIPLE THERAPIES. HAS A FULL RANGE OF MOTION. HIS LEFT TRAP IS NOT AS SORE. LIMITED PRACTICE.
8/22/95	NECK - HAS NO COMPLAINT ABOUT HIS NECK. HAS FULL RANGE OF MOTION. HIS KNEE HAS A SLIGHT AMOUNT OF SORENESS. REPORTS NO CHANGE. DURING PRACTICE TODAY, HE SUSTAINED A RIGHT 5TH FINGER PIP JOINT DISLOCATION AND PROBABLE INJURY TO THE RADIAL COLLATERAL LIGAMENT ON THE PIP JOINT. THIS WAS REDUCED BY HIMSELF. ON THE FIELD HE HAD A FULL RANGE OF MOTION AND FLEXION AND EXTENSION. HE DID HAVE SOME SLIGHT SOFT TISSUE SWELLING OVER THE RADIAL COLLATERAL LIGAMENT SIDE OF HIS RIGHT 5TH FINGER. HE RECEIVED X-RAYS WHICH I FOUND TO BE NEGATIVE. THEY WILL BE REVIEWED BY DR. BROWNE. PLACED IN COBAND DRESSING AND BUDDY TAPPED.
8/23/95	RT 5TH FINGER - SORE OVER RADIAL COLLAT. LIG BUT GD. ROM, STILL SLIGHT SWELLING. BOTH KNEES SLIGHT SORE ALSO. PRAC. FULLY.
8/24/95	BOTH KNEES - SLIGHT SORENESS BOTH, ALSO REC'S ICE FOR RT 5TH FINGER, SWELLING DWN, GD ROM OF PIP JOINT. PRAC. FULLY.
8/25/95	BOTH KNEES & RT-5TH FINGER THERAPY, SLIGHT SORENESS. PRAC. FULLY.
8/27/95	BOTH KNEES - RECEIVED SOME THERAPY FOR SOME SLIGHT SORENESS, BUT THERE IS NO INCREASE IN FLUID.
8/28/95	BOTH KNEES SORENESS, NO CHG FLUID, FULL ROM, STILL PATELLA FEMORAL SORENESS. THERAPY OV. RT 5TH FINGER PIP JOINT, AT PRAC. COMPLAINED SORENESS GEN. LT. RIBS DURING SWIM MV ON FIELD, NO TREATMENT POST PRAC.
8/29/95	BOTH KNEES - CONTINUES WITH SOME SLIGHT SORENESS AND CARRYING A SLIGHT AMOUNT OF FLUID. NOT NEARLY AS MUCH AS IT WAS LAST YEAR AT THIS TIME. HE PRACTICES FULLY.
8/30/95	BOTH KNEES - RECEIVES THERAPY. HAS SOME SLIGHT SORENESS POST PRACTICE. HIS RIBS ON THE LEFT SIDE ARE RE SLIGHTLY SORE PRIMARILY FROM SWIM MOVE TECHNIQUES WHILE PARTICIPATING IN PRACTICE. PRACTICED FULLY.
8/31/95	BOTH KNEES - RECEIVES THERAPY. HAS SOME SORENESS. PRACTICED FULLY.
9/01/95	BOTH KNEES - HAS SOME SLIGHT SORENESS. THERE IS NO CHANGE IN THE AMOUNT OF EFFUSION. PRACTICED FULLY.
9/02/95	BOTH KNEES - RECEIVES THERAPY FOR SOME SLIGHT SORENESS. HAS SOME SLIGHT SORENESS OF THE LEFT RIB AT

MICKELL-0314

A0430

PPR580R 1/22/96 Kansas City Chiefs Football PAGE 4
 10:39:04 Medical History by Player/Date From: 1/01/95 To 1/08/96

MICKELL, DAREN

Date Comments

9/03/95 THE AXILARY LINE FROM SWIM MOVE TECHNIQUES. RECEIVES ICE.
 LEFT RIBS - PREGAME DAREN NOTICED SOME SORENESS OF THE LEFT RIBS OVER THE LOWER ANTERIOR PORTION AL
 MOST INTO THE ABDOMINAL AREA. HE WAS ABLE TO PLAY AND ALSO IN THE GAME HIS HELMET WAS KICKED OFF BY
 AN OPPOSING TEAM PLAYER AND HE SUFFERED A VERY MINOR SOFT TISSUE CONTUSION TO THE BACK OF THE HEAD.
 HE WAS NOT SEEN FOLLOWING THE GAME AS ASKED TO REPORT. RECEIVED ICE ON THE PLANE HOME.
 9/04/95 LEFT RIBS - NO COMPLAINTS ABOUT HIS RIBS NOW OR DURING POST GAME. BOTH KNEES HAS A SLIGHT AMOUNT OF
 INCREASED SORENESS FROM THE TURF, BUT HAD NO INCREASING FLUID. HE RECEIVED THERAPY.
 BOTH KNEES & RIBS SLIGHT SORENESS, FLUID NOT CHANGED. PRAC. FULLY.
 9/06/95 BOTH KNEES & RIBS THERAPY PRIOR TO PRAC. ONLY, NO COMPLAINTS POST.
 9/07/95 BOTH KNEES, LT. RIBS THERAPY, NO CHNG IN WAY HE FEELS OR FLUID, FULL ROM. PRAC. FULLY. ALSO SORENE
 9/08/95 SS ABOUT LT. RIBS OV. LOWER ANTERIOR PORTION & ABDOMINAL MUSCULATURE.
 9/10/95 LEFT RIBS - IN THE 1ST HALF, MADE A TWISTING MOVE AND SUFFERED SOME SORENESS IN THE SLIGHT STERNOCL
 IDOMASTOID MUSCLE OF HIS LEFT RIBS. CONTINUED PLAYING IN THE GAME. SEEN BY DR. SCOTT AND RECEIVED
 ICE FOLLOWING THE GAME.
 9/11/95 LEFT RIBS - HAS SOME SORENESS OVER THE MUSCLE OF HIS LEFT RIBS AND ALSO HIS LEFT ELBOW HAS DEV
 ELOPED SOME VERY SLIGHT TRICEP TENDINITIS. HE HAD SOME SORENESS AT THE BASE OF HIS NECK, BUT A FULL
 RANGE OF MOTION OF HIS NECK MUSCULATURE. HIS MAIN COMPLAINT WAS HIS RIGHT KNEE WHERE IT WAS SLIGHT
 LY SORE. BUT HE HAD A FULL RANGE OF MOTION. SLIGHTLY SORE OVER THE TIB AND DOWN BELOW THE KNEE JOI
 NT WHERE HE STATES HE LANDED ON HIS KNEE A COUPLE OF TIMES DURING YESTERDAY'S GAME. HE HAS A FULL R
 ANGE OF MOTION. SOME SLIGHT DISCOMFORT TO OVER FLEXION OF HIS KNEE. HE RECEIVED MULTIPLE THERAPIES.
 9/12/95 LEFT RIBS - DOES NOT COMPLAIN ABOUT SO MUCH SORENESS TODAY OVER THE RIBS, BUT HE STILL HAS SOME SORE
 NESS. THERE IS NO PALPABLE TENDERNESS AT ALL. HIS RIGHT KNEE STILL HAS A SLIGHT AMOUNT OF FLUID, B
 UT BOTH KNEES ARE SORE. RIGHT BEING SLIGHTLY MORE SORE OVER THE PATELLA AREA FROM LANDING ON HIS KN
 EE TWO OR THREE TIMES IN THE GAME. HE RECEIVES MULTIPLE THERAPIES.
 9/13/95 RIGHT KNEE AND LEFT RIBS - CONTINUES WITH SOME SORENESS OF HIS RIGHT KNEE AND HIS LEFT RIBS ARE STILL
 L SORE. HE HAS NO PALPABLE TENDERNESS OR SORENESS OVER THE RIB CAGE ITSELF. HE RECEIVED MULTIPLE T
 HERAPIES. PRACTICE IS LIMITED.
 9/14/95 LEFT RIBS AND BOTH KNEES - CONTINUES WITH SOME SORENESS, BUT THEY ARE IMPROVED. PRACTICED FULLY.
 9/15/95 BOTH KNEES AND LEFT RIBS - RECEIVES THERAPY FOR EACH AREA. THEY ARE SORE, BUT IMPROVING. PRACTICED
 FULLY.
 9/16/95 BOTH KNEES - HAD SOME SLIGHT AMOUNT OF SORENESS. FLUID REMAINS UNCHANGED. HIS LEFT RIB STILL HAS T
 HE AREA SORENESS IN THE OBLIQUE MUSCULATURE. HE RECEIVES THERAPY.
 9/17/95 RIGHT ANKLE - IN THE 3RD QUARTER COLLATED WITH ANOTHER PLAYER WHILE TRYING TO SACK THE QUARTERBACK
 AND SUSTAINED A PROBABLE SYNDESMOTIC INJURY TO HIS RIGHT ANKLE. PROXIMAL TO SYNDESMOTIC AREA AND CE
 RTAINLY PROXIMAL TO THE ANTERIOR TIB-FIB REGION. HE WAS ABLE AFTER RESTING ON THE SIDELINE FOR A FE
 W PLAYS TO GO AHEAD AND CONTINUE PLAYING IN THE GAME. HAD SOME VERY SLIGHT SORENESS OVER THE DORSAL
 ASPECT OF HIS RIGHT FOOT. HE RECEIVED PRECAUTIONARY X-RAYS OVER BOTH OF THESE AREAS AND SEEN BY DR
 . BARNTHOUSE AND RECEIVED ICE.
 9/18/95 RT. ANKLE & FOOT MULTIP THERAPIES THRUOUT DAY. HAS 1ST DEG BUT NOT QUITE 2ND DEG. SWELLING OF LAT.
 ASPECT OF ANKLE & MEDIAL SWELLING, SORE OV. POSTERIOR TIB FIB, ANTERIOR TALOFIB, ANTERIOR TIB FIB &
 DISTAL 3 CENTIMETERS AREA OF INTEROSSEOUS MEMBRANE. ALSO SLIGHT DELTOID LIG. SORENESS. KNEES & RIBS
 CAME THRU GAME W/ONLY MIN. DISCOMFORT.
 9/19/95 RT. ANKLE MULTIP THERAPIES, NO DECREASE SWELLING OV. YEST., STILL SORE OV. ANTERIOR TIB FIB, ANTER
 IOR TALOFIS, POSTERIOR TIB FIB, DISTAL SYNDESMOTIC & ANTERIOR DELTOID. ALPHABET EXER IN HOT WHIRLPOO
 L, 2 X'S FOR 5 MIN. HE CAN PUT ABOUT QTR. ON WT. ON TOES WHEN TRYING TO STAND ON TOES, SLIGHTLY BETR
 INCREAS'D WALKING AND REMAINS AIR CAST.
 9/20/95 RIGHT ANKLE - WAS SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. HIS EXAM REMAINS THE SAME.
 HE CAN GET UP TO ABOUT 50% ON HIS TOES WITH BODY WEIGHT. HE HAS SOME SORENESS OF BOTH KNEES. DID
 NOT WEAR HIS AIR SPLINT A.M., BUT DID GET HIM ANOTHER ONE. MISSED PRACTICE.
 9/21/95 RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. SWELLING IS DOWN OVER THE ANTERIOR TIB FIB AND SYNDESMOT

MICKELL-0315

A0431

PPR580R 1/22/96 Kansas City Chiefs Football PAGE 5
 10:39:04 Medical History by Player/Date From: 1/01/95 To 1/08/96

MICKELL, DAREN

Date	Comments
9/22/95	IC. HE FEELS BETTER. STILL HAS SORENESS OVER THE POSTERIOR TIB FIB ALPHABET EXERCISES AND LIGHT JO GING AND MISSED PRACTICE.
9/23/95	RT. ANKLE & BOTH KNEES MULTIP THERAPIES, ANKLE REMAINS SAME BUT SWELLING DOWN, MOSTLY SYNDESMOTIC OFFERS HIM MOST DISCOMFORT. BOTH KNEES SORE BUT FULL ROM. MIS'D PRAC.
9/24/95	RT. ANKLE MULTIP THERAPIES, STILL HAS SWELLING BUT CONT TO DECREASE, MOSTLY SORE OV. ANTERIOR TIB FIB & SYNDESMOTIC AREA & POSTERIOR TIB FIB LIG.
9/25/95	@ CLEV RT. ANKLE SEEN BY DR. BARNTH., INACTIVE.
9/26/95	RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. HAS DECREASING SORENESS. MOST OF HIS TENDERNESS IS OVER THE POSTERIOR TIB-FIB LIGAMENT WITH ACTIVITY. DID DO THE RUNNING TODAY WITH THE TEAM. BOTH KNEES REMAIN SLIGHTLY SORE. WAS INACTIVE. MISSED THE CLEVELAND GAME.
9/27/95	RT. ANKLE MULTIP THERAPIES, STILL SAME SYNDESMOTIC & POSTERIOR TIB FIB SORENESS, MIN. INCREAS'D SO RENESS PR. YEST. RUNNING. TO FACILITATE PARTICIPATION PRAC. MADE STIRRUP SPLINT MOLD WHICH WILL BE I NCEP. INTO TAPE JOB. REC'D THERAPY BOTH KNEES FOR SORENESS.
9/28/95	RT. ANKLE SEEN BY DR. SCOTT, MULTIP THERAPIES, STILL HAS SYNDESMOTIC, POSTERIOR TIB FIB & POSTERIO R SORENESS. PRAC. W/STIRRUP SPLINT. PRAC. LIM
9/29/95	RT. ANKLE MULTIP THERAPIES, STILL POSTERIOR TIB FIB & POSTERIOR SORENESS. PRAC W/SPEC STIRRUP. PRA C LIM
9/30/95	RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. STILL HAS SOME POSTERIOR TIB FIB WITH POSTERIOR SORENESS . THE SWELLING IS UNCHANGED. PRACTICE LIMITED.
10/01/95	RIGHT ANKLE - STILL HAS SOME SLIGHT POSTERIOR AND POSTERIOR TIB FIB SORENESS. RECEIVES THERAPY AND PRACTICED.
10/02/95	RIGHT ANKLE - IN THE 4TH QUARTER REAGGRAVATED HIS SYNDESMOTIC SPRAIN. HE WAS ABLE TO WALK IT OFF AN D COULD HAVE CONTINUED PLAYING, BUT DID NOT FINISH THE REMAINING PORTION OF THE GAME. SEEN BY DR. B ARNTHOUSE FOLLOWING THE GAME.
10/03/95	RT. ANKLE MULTIP THERAPIES, STILL SYNDESMOTIC SORENESS W/SLIGHT SWELLING OV. LAT. AREA OF ANKLE, M OSTLY SORE OV. POSTERIOR TIB FIB & POSTERIOR REGIONS OF ANKLE JOINT. RODE BIKE.
10/04/95	RIGHT ANKLE - RECEIVES THERAPY. HAS DECREASING SYNDESMOTIC AND PATELLA POST TIB-FIB SORENESS. SWEL LING IS DOWN. RECEIVES THERAPY.
10/05/95	RIGHT ANKLE - RECEIVES MULTIPLE THERAPIES. CONTINUES WITH THE POSTERIOR TIB-FIB SORENESS FOR HIS SY NDESMOTIC SPRAIN.
10/06/95	RT. ANKLE SEEN BY DR. BROWNE. MULTIP THERAPIES, HAS LESS POSTERIOR TIB FIB SORENESS, SWELLING DOWN . PRAC. LIM.
10/07/95	RT ANKLE MULTIP THERAPIES, CONT SYNDESMOTIC SORENESS. PRAC. LIM.
10/08/95	RIGHT ANKLE - RECEIVES THERAPY. CONTINUES WITH SOME SLIGHT SYNDESMOTIC SORENESS, BUT FEELS BETTER T ODAY THAN HE HAS FELT SINCE THE ORIGINAL INJURY. PRACTICE LIMITED.
10/09/95	RIGHT ANKLE - RECEIVES THERAPY. STILL HAS SOME SLIGHT SYNDESMOTIC SORENESS BUT FEELS MUCH BETTER. PRACTICED.
10/10/95	LEFT SHOULDER - IN THE 2ND QUARTER SUSTAINED AN ANTERIOR BLOW. HAD SOME SORENESS IN THE AXILARY LIN E. WAS SEEN BY DR. BROWNE AND DR. BARNTHOUSE ON THE BENCH. HAD GOOD STRENGTH. GOOD RANGE OF MOTIO N. COULD NOT DESCRIBE A SPECIFIC SUBLAXATION EPISODE. WAS WATCHED. STARTED TO CALM DOWN ON THE BE NCH. WAS TAKEN INTO THE LOCKER ROOM WHERE HE RECEIVED A SHOULDER SPIKA WRAP. WAS ALLOWED TO PLAY 2 TO 3 MORE PLAYS LATE IN THE 2ND HALF. HAD DIFFICULTY. WAS X-RAYED AT HALF TIME AND EXAMINED. DUR ING THE 2ND HALF THE SHOULDER BECAME MORE SORE. WAS WITHHELD FROM THE REMAINING PORTION OF THE GAME AND DID NOT FINISH THE 2ND HALF. RECEIVED MULTIPLE ICE TREATMENT. FURTHER EXAM BY DR. SCOTT AND D R. BROWNE FOLLOWING THE GAME.
10/11/95	LEFT SHOULDER - WAS NOT SEEN BY ME IN THE TRAINING ROOM. HE WAS SCHEDULED FOR AN MRI THIS MORNING. WAS VERY UNCOMFORTABLE IN THE MRI MACHINE. HE HAD TO BE RESCHEDULED FOR LATER IN THE DAY. WILL BE SEEN BY DR. BROWNE OVER AT THE OFFICE FOLLOWING HIS MRI EXAM. HE IS IN A SLING.
	LT. SHOULDER SEEN BY DR. BARNTH., MULTIP THERAPIES, SLING, NO EXAM PERFORMED BY ME, PLACED IN ABDU CTION PILLOW SPLINT. MIS PRAC.

MICKELL-0316

A0432

PAGE 6

PPR580R 1/22/96 Kansas City Chiefs Football
10:39:04 Medical History by Player/Date From: 1/01/95 To 1/08/96

MICKELL, DARREN

Date Comments

10/12/95 LT. SHOULDER REMAINS IN SLING. MIS PRAC. REC'D ICE TREATMENTS.
10/13/95 LEFT SHOULDER - RECEIVES THERAPY. REMAINS IN A SLING. MISSED PRACTICE.
10/14/95 LT. SHOULDER REMAINS SLING
10/15/95 NE @ H LT. SHOULDER SEEN BY DR. BROWNE PRE GAME, INACTIVE.
10/16/95 LT. SHOULDER MULTIP Icing TREATMENTS, REMAINS IN SLING, MORE AGG. REHAB TOMOROW. RT ANKLE HAD SLIGHT SORENESS FROM SPRAIN.
10/17/95 LT. SHOULDER THERAPY. REHAB STARTED TODAY, CODMAN'S EXER BELOW 90 DEG., USED 5 LB WTS FOR WRIST FLEX. EX. EXT, BICEP CURLS, TRICEP EXT'S W/SHLDR SUPPORTED, HAND RESISTIVE FLEX. EXT. EXER TO 90 DEG, ALL 3 SETS 15, LESS SORENESS & PAIN OV POSTERIOR ASPECT SHOULDER, GD ROM TO 90 DEG BUT REMAINS SLING TIL S EEN BY DR. BROWNE LATER WK
10/18/95 LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES.. CODMAN EXERCISES BELOW 90 DEGREES. 5 POUND WEIGHTS BO TH WRIST AND ELBOW EXERCISES. HAND RESISTANCE, FLEXION AND EXTENSION OF HIS SHOULDER. MISSED PRACT ICE.
10/19/95 LEFT SHOULDER - SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. CODMAN'S EXERCISES BELOW 90 D EGREES. 5 POUND WEIGHTS. WRIST EXTENSION AND FLEXION, ELBOW CURLS AND TRICEPS. FLEXION EXTENSION OF THE SHOULDER, ALL 3 SETS OF 15 REPS. ALSO BIKE RIDING WITH HIS RIGHT ARM ONLY. MISSED PRACTICE.
10/20/95 LEFT SHOULDER - RECEIVES THERAPY. EXERCISES THE SAME ALONG WITH BIKING RIDING. MISSED PRACTICE.
10/21/95 LEFT SHOULDER - RECEIVES THERAPY. CODMAN'S EXERCISES BELOW 90 DEGREES, WRIST FLEXION EXTENSION, 3 S ETS OF 15 WITH 5 POUNDS. BICEP CURLS, TRICEP EXTENSIONS, 3 SETS OF 15 WITH 10 POUNDS. HAND RESISTA NCE, FLEXION AND EXTENSION OF THE SHOULDER, 3 SETS OF 15 AND ALSO BIKE RIDING.
10/22/95 LEFT SHOULDER - WAS INACTIVE - DID NOT TRAVEL. MISSED THE DENVER GAME.
10/23/95 LT. SHOULDER MULTIP THERAPIES, CONT'ING W/CODMAN'S EXER TO BELOW 90 DEG, WRIST FLEXION EXT. 5 LB, BICEP & TRICEP EXER 10 LB SHOULDER FLEXION EXT., HAND RESISTANCE ALL 3 SETS 15 REPS. I TALKED W/DR. BROWNE TODAY. ALLOWED TO BEGIN RUNNING, HAD SLIGHT HESITATION OF SHLDR MOVEMENT WHILE RUNNING BUT NO T APPEAR TO HAVE INCREASING SORENESS OV POSTERIOR ASPECT OF SHLDR FROM RUNNING ACTIVITY.
10/24/95 LT. SHOULDER MULTIP THERAPIES, CODMAN'S EXER BELOW 90 DEG., WRIST FLEXION EXT 8 LB, BICEP TRICEP 1 0 LB, SHOULDER FLEX. EXT, HAND RESISTANCE ALL 3 SETS 15, AIRODYNE IN A.M., HALF GASERS IN P.M. WILL BE SEEN BY DR. BROWNE LATER IN AFT FOR EXAM. WILL BE HERE DURING BYE WK. MIS PRAC.
10/25/95 LT. SHOULDER CONT CODMAN'S BELOW 90, WRIST FLEXION & EXT 8 LB BICEP & TRICEP WORK 15 LB, HAND REST STANCE, FLEXION & EXT. ADDED ABDUCTION, ALL THESE 3 SETS 15, EXTERNAL ROTATION W/SURGICAL TUBING 4 X'S 20 REPS. RUNS 8 HALF GASERS.
10/26/95 LT. SHOULDER SAME EXER AS YEST, RAN 8 HALF GASERS.
10/27/95 LT. SHOULDER MULTIP THERAPIES, SAME EXER & WTS AS ALL WK, RIDES LIFECYCLE 12 MINS. FOR CONDITIONIN G. TREATED KNEES FOR CHONDROMALACIA & PATELLA FEMORAL JOINT PROB'S.
10/28/95 LT. SHOULDER MULTIP THERAPIES, CODMAN'S EXER BELOW 90 DEG., WRIST FLEX EXT 8 LB, BICEP & TRICEP LI FT 15 LB, HAND RESISTANCE FLEXION EXT & ABDUCTION ALL 3 SETS 15, EXT. ROTATION SURGICAL TUBING 4 X' S 20, BIKE 15 MINS.
10/29/95 LT. SHOULDER THERAPY, NO LIFTING. TREATMENT & BIKING ONLY, STATES NOT AS SORE.
10/30/95 LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. CODMAN EXERCISES BELOW 90 DEGREES. BICEP AND TRICEP W ORK, 2 SETS OF 15 WITH 20 POUNDS. HAND RESIST. FLEXION EXTENSION ABDUCTION, 2 SETS OF 15 REPS. EXT ERNAL ROTATION, 4 SETS OF 15 REPS WITH SURGICAL TUBING. PERFORMS THE BIKING. RUNS 6-1/2 GASERS. DI D SOME SLED DRILLS TODAY. BELOW 90 DEGREES AND EQUAL TO 90 DEGREES WITH SOME SLIGHT LOCKING OUT AT A 45 DEGREE ANGLE UP ABOVE HIS SHOULDER. COMPLAINS OF SOME POSTERIOR SHOULDER SORENESS, BUT DID NOT HAVE ANY SUBLUXATION BUT STILL HAS MILD TO MODERATE PAIN OVER THE POSTERIOR ASPECT OF HIS SHOULDER.
10/31/95 LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. CODMAN'S EXERCISES BELOW 90. THE SAME WEIGHTS WERE PE RFORMED TODAY ALONG WITH EXTRA ROTATION EXERCISES. SURGICAL TUBING. ALSO DID SLED WORK WITH DECREAS ING SORENESS PUSHING AGAINST THE SLED TODAY. HE RAN 8-1/2 GASERS. THIS MORNING HE SUSTAINED A MINO R MOTOR VEHICLE ACCIDENT WHEN HE WAS STRUCK FROM BEHIND. HE COMPLAINED OF NO INJURIES. STATED THAT HE WAS FINE FROM THE WRECK. HE MISSED PRACTICE.
11/01/95 LEFT SHOULDER - SEEN BY DR. BARNTHOUSE. RECEIVES MULTIPLE THERAPIES. CODMAN'S EXERCISES BELOW 90 D

MICKELL-0317

A0433

PAGE 7

Kansas City Chiefs Football
Medical History by Player/Date From: 1/01/95 To 1/08/96

PPR580R 1/22/96
10:39:04

MICKELL, DAREN

Date	Comments
11/02/95	EGREES. FLEXION, EXTENSION AND ABDUCTION WITH HAND RESISTENCE. 20 POUNDS, BICEP - TRICEP EXTERNAL ROTATION, 4 SETS OF 15 WITH SURGICAL TUBING. HE PERFORMS SLED WORK, 8-1/2 GASERS. FEELS THAT HE IS READY TO PARTICIPATE IN LIMITED PRACTICE TOMORROW WITHOUT CONTACT. THIS WAS AGREED UPON BY THE PHYSICIANS. MISSED PRACTICE. LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. TUBING EXERCISES. 2 TIMES 15 AND FLEXION. ABDUCTION ABOVE THIS HEAD. EXTERNAL ROTATION, 4 SETS OF 15 WERE INSTITUTED TODAY IN PLACE OF THE BELOW 90 DEGREE EXERCISES ALONG WITH CODMANS. HE WAS WRAPPED IN A SHOULDER SPIKA. WAS ALLOWED LIMITED PRACTICE AND TEAM WORK ONLY IN SHELLS. HAD NO COMPLAINTS. DID NOT COMPLAIN OF ANY SLIPPING. NO INCREASED SORENESS FOLLOWING PRACTICE. PRACTICE LIMITED. LT. SHOULDER - MULTIP THERAPIES, TUBING EXER FLEXION & ABDUCTION 2 SETS 15, EXTERNAL ROTATION EXER. 4 X'S 15 REPS. NO INCREASED SORENESS FR. YEST WKOUT, WRAP'D IN SHOULDER SPIKA WRAP TODAY. DID LITTLE MORE W/COMPLETE PRAC IN SHELLS. PRAC. LIM. RT. SHOULDER THERAPY, SURGICAL TUBING EXER., FLEXION & ABDUCTION 2 SETS 15, EXTERNAL ROTATION 4 SETS 15. WILL BE INACTIVE FOR WASH GAME. LEFT SHOULDER - RECEIVES THERAPY. FLEXION AND ABDUCTION EXERCISES, 2 SETS OF 15. EXTERNAL ROTATION, 4 SETS OF 15 WITH SURGICAL TUBING. PERFORMS RUNNING. WILL BE ALLOWED INCREASED ACTIVITY INCLUSIVE OF PADS THIS WEEK IN PRACTICE. WAS INACTIVE AND MISSED THE WASHINGTON GAME. LEFT SHOULDER - RECEIVES THERAPY. SURGICAL TUBING EXERCISES, FLEXION AND ABDUCTION, 3 SETS OF 15. EXTERNAL ROTATION, 4 SETS OF 15. HE IS COMPLAINTING ABOUT SOME SORENESS IN THE POSTERIOR ASPECT OF THE SHOULDER, WHICH I CAN UNDERSTAND BECAUSE OF SOME OF THE OVERHEAD LIFTING THAT HE IS NOW DOING WITH THE SURGICAL TUBING. HE HAS SOME SORENESS ABOUT THE LEFT TRICEPS. THIS MAYBE DUE TO LOCKING OUT A COUPLE OF DAYS AT PRACTICE, WHICH HE HAS NOT DONE OR THE TRICEP EXTENSIONS THAT WE HAD HIM DO DURING HIS EARLY REHAB., BUT WE WILL CONTINUE TO WATCH THIS. HE RECEIVED THERAPY FOR THAT ALSO. LT. SHOULDER SEEN BY DR. SCOTT, MULTIP THERAPIES. WE PERFORM'D TUBING EXER, FLEXION & ABDUCTION 2 SETS 15 EXTERNAL ROTATION 4 SETS 15 W/SLIGHT POSTERIOR SORENESS. PRAC. W/PADS & PROTECV. WRAP & SHLD R SPIKA. PRAC. LIM. LT. SHOULDER. MULTIP THERAPIES, NO INCREASED SORENESS FROM PRAC YEST., GD MOTION, TUBING EXER SAME, WE STARTED W/WTS, DUMBBELL PRESS, BENCHPRESS 35 & 40 LB & HAMMER PRESS 45 LB. HAD LT KNEE SORENESS. PRAC. LIM. LEFT SHOULDER - RECEIVES THERAPY. TUBING EXERCISES, SUPERVATION AND ABDUCTION, 3 SETS OF 15. EXTERNAL ROTATION, 4 SETS OF 15. NO INCREASED SORENESS. HE RECEIVED NO TREATMENT FOLLOWING PRACTICE AND PRACTICED FULLY. SHOULD BE ACTIVATED FOR THE UPCOMING SAN DIEGO GAME. LEFT SHOULDER - NO TREATMENT. LEFT SHOULDER - PLAYED WITHOUT PROBLEMS. RECEIVED ICE FOLLOWING THE GAME. LEFT SHOULDER - RECEIVES ICE. IS NOT TOO SORE WITH GOOD RANGE OF MOTION. HE DOES, HOWEVER, HAVE A CONTUSION WITH A SLIGHT WELT OVER THE LEFT TRAP. BUT OTHERWISE, HIS SHOULDER COMES THROUGH THE GAME GOOD. LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. EXTERNAL ROTATION WITH SURGICAL TUBING WERE PERFORMED TODAY, 3 SETS OF 15. HE WAS SLIGHTLY MORE SORER TODAY THAN HE WAS YESTERDAY. HE MAINTAINS GOOD RANGE OF MOTION. LEFT SHOULDER - SEEN BY DR. BARNHOUSE. RECEIVES MULTIPLE THERAPIES. HAS GOOD RANGE OF MOTION. LESS SORENESS. HE DID STING IT IN PRACTICE DOING SLED WORK. HE PERFORMS HIS LIFTING AND EXTERNAL ROTATION TUBING EXERCISES, 3 TIMES 15. PRACTICE LIMITED WITH WRAPPING. LEFT SHOULDER - RECEIVES MULTIPLE THERAPIES. HAS GOOD RANGE OF MOTION AND NO INCREASED SORENESS FROM THE STINGING YESTERDAY. HE DID NOT PERFORM SLED DRILLS TODAY. EXTERNAL ROTATION EXERCISES, 4 TIMES 15. PRACTICED LIMITED. LEFT SHOULDER - RECEIVED THERAPY. STILL HAD SOME SLIGHT POSTERIOR SORENESS ABOUT THE SHOULDER. GOOD RANGE OF MOTION AND STRENGTH EXTERNAL ROTATION TUBING EXERCISES WERE PERFORMED, 3 SETS OF 15. PRACTICE LIMITED.

MICKELL-0318

A0434

PPR580R 1/22/96 Kansas City Chiefs Football PAGE 8
 10:39:04 Medical History by Player/Date From: 1/01/95 To 1/08/96

MICKELL, DARREN

Date	Comments
11/18/95	LEFT SHOULDER - RECEIVES THERAPY. GOOD RANGE OF MOTION. STILL HAS SOME SLIGHT SORENESS POSTERIORAL LY. WILL PLAY IN THE HOUSTON GAME.
11/20/95	LEFT SHOULDER - SLIGHT SORENESS FROM THE GAME LAST NIGHT. FULL RANGE OF MOTION. NO STRENGTH LOSS. HE RECEIVES THERAPY.
11/21/95	LEFT SHOULDER - HAS ONLY MILD POSTERIOR SORENESS. DOES WELL WITH PROTECTIVE WRAPPING. PRACTICE IS LIMITED.
11/22/95	LT. SHOULDER SLIGHT SORENESS POSTERIOR ASPECT. PRAC FULLY.
11/30/95	LEFT SHOULDER - DURING PRACTICE TODAY HE STUNG HIS SHOULDER IN THE AXILARY LINE WHILE PERFORMING BAG DRILLS. RESOLVED QUICKLY. HAD NO PAIN AND NORMAL EXAM FOLLOWING PRACTICE. RECEIVED ICE.
12/04/95	RIGHT AC - WHILE TRYING TO RECOVER A FUMBLE YESTERDAY, WAS HIT DIRECTLY OVER THE TOP OF THE SHOULDER OF THE RIGHT AC AREA SUFFERING A CONTUSION. HE HAS A FULL RANGE OF MOTION. THERE IS NO SWELLING A ND GOOD STRENGTH. HE DOES HAVE A SOME SLIGHT SORENESS OVER THE AC JOINT AND THE TIP OF THE ACROMION . THERE IS NO TRUE BONEY TENDERNESS. SLIGHTLY SORE ON THE SOFT TISSUE REGION OF THE AC. I DO SEE SOME SLIGHT BRUISING. HE RECEIVES ICE TREATMENTS.
12/05/95	RIGHT AC - RECEIVES THERAPY. HAS GOOD RANGE OF MOTION AND GOOD STRENGTH. DECREASING SORENESS OVER THE RIGHT SHOULDER.
12/06/95	RIGHT AC - NO TREATMENT.
12/12/95	RIGHT AC - HAD SOME SORENESS IN HIS AC PRIOR TO THE GAME AND ALSO TODAY. HE HAS A FULL RANGE OF MOTI ON. THERE IS NO INCREASE IN SWELLING. HAS GOOD STRENGTH. HAS NO HORIZONTAL ADDUCTION SORENESS THAT I CAN DETECT TODAY. ALSO STATED INJURY TO THE LEFT HAND TO THE 2ND MP JOINT. LOOKS LIKE HE SPRAIN ED THE INTERMETACARPAL LIGAMENTS. FULL RANGE OF MOTION OF THE MP JOINT. HE RECEIVES THERAPY ON BOT H AREAS.
12/13/95	RIGHT AC - DENIED THAT HE NEEDED TO BE SEEN BY ANY OF THE PHYSICIANS. HAD MULTIPLE THERAPIES. FULL RANGE OF MOTION. STILL SORE OVER THE AC JOINT, BUT GOOD STRENGTH. PRACTICE LIMITED.
12/14/95	RIGHT SHOULDER - RECEIVES MULTIPLE THERAPIES. GOOD RANGE OF MOTION. SWELLING IS DOWN. HAS GOOD ST RENGTH. PRACTICED FULLY.
12/15/95	RIGHT AC - RECEIVES THERAPY. SORE BUT MAINTAINS GOOD RANGE OF MOTION AND STRENGTH. RECEIVES THERAP Y AND PRACTICED LIMITED.
12/17/95	RIGHT QUAD - FOLLOWING THE GAME, HAD SOME SORENESS TO THE PROXIMAL ANTERIOR QUAD. FULL RANGE OF MOT ION AND ALSO HIS RIGHT AC IS STILL SLIGHTLY SORE. SEEN BY DR. BARNTHOUSE. RECEIVED ICE.
12/18/95	RIGHT THIGH - HAS SOME SORENESS IN THE ANTERIOR PROXIMAL PORTION OF THE THIGH MUSCULATURE. HIS QUAD IS HARD TO MEASURE BECAUSE IT IS SO HIGH UP BUT IT LOOKS AS THOUGH IT IS 1 INCH LARGER IN SIZE. TH E LEFT KNEE IS ALSO THE KNEE OF WHICH HE HAS CHONDROMALACIA AND I BELIEVE HIS THIGH SIZE IS DOWN ANY WAY. HE HAS A LOSS OF MOTION OF 5 DEGREES ACTIVE. 0 PASSIVE IN FLEXION. HE HAS A SOFT QUAD SET AN D SORENESS WITH STRAIGHT LEG RAISING. HIS RIGHT AC IS STILL SORE BUT GOOD RANGE OF MOTION. LESS SO RENESS. THERE IS NO VISIBLE SWELLING. EXCELLENT STRENGTH. HE RECEIVES MULTIPLE THERAPIES.
12/19/95	RT AC SHLDR NOT AS SORE, GD STRENGTH & MOTION ALL PLANES. QUAD FEELS BETTER TODAY. MEASUREMENTS: R T LESS IN SIZE THAN LT BY HLF CENTIMETER AT 22 CENT ABOVE PATELLA, GD QUAD SET & STRAIT LEG RAISE. N OT GOING TO HYPERBARIC UNIT CAUSE LOW BACK VERY SORE, HAD HARD TIME WALKING CAUSE OF STIFFNESS POST TREATMENT.
12/20/95	RT. QUAD & RT AC SEEN BY DR. BARNTH. MULTIP THERAPIES. QUAD LOSS OF MOTION ACTIVE 2-3 DEG., GD QUA D SET & STRAIT LEG RAISE NORMAL. SHLDR MILD SORE OV RT AC, GD ROM & STRENGTH. MIS PRAC.
12/21/95	RT. QUAD & RT. AC MULTIP THERAPIES. FULL ROM OF QUAD, NOT AS SORE. AC MILDLY SORE. PRAC. LIM.
12/22/95	RIGHT QUAD AND RIGHT AC - RECEIVES MULTIPLE THERAPIES PRIOR TO PRACTICE ONLY. HAD GOOD MOTION AND N O SORENESS OF HIS QUAD. HIS AC IS MILDLY SORE. HAS A FULL RANGE OF MOTION AND STRENGTH. PRACTICED FULLY.
12/23/95	RT. AC SORENESS, FULL ROM, GD STRENGTH. DEVL'D MILD SORENESS OV LT ANKLE LAT. ASPECT, STATES STEPP ED ON SOMEONE'S FOOT, ROLLED ANKLE, SORE OV. LAT ASPECT, NO PALPATION SORENESS.
1/08/96	RECEIVED FINAL PHYSICAL.

MICKELL-0319

A0435



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

INJURY NUMBER
EMPLOYEE'S CASE NUMBER
INSURER'S NUMBER

NOTE ▶ This form is both the notice and the report of the injury as required by Section 287.380 RSMo. 1969. Do not report any occurrence unless it causes personal injury serious enough to require medical aid. This report must be sent in whether or not the employer is under the Law. If not under it, no further reports are required unless requested. Mail to: Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102. Do not accompany by letter.

EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC.		2. MAILING ADDRESS ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64129	
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS same as above		4. MISSOURI UI ACCOUNT NUMBER	
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		6. TELEPHONE NUMBER (816) 924-9300	
	7. INSURANCE CARRIER AND ADDRESS TIG INSURANCE COMPANY, 137 E. WOODFIELD ROAD, SCHAMBERG, IL 60173			
EMPLOYEE	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES	
	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 9/17/95		11. TIME 1:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
	12. PLACE OF ACCIDENT Arrowhead Stadium KCMo		13. NAME FIRST MIDDLE LAST DARWIN MICKELL	
	14. SOCIAL SECURITY NUMBER [REDACTED]-1926		15. HOME ADDRESS 1014 WASHINGTON KCMo. 64105	
INJURED EMPLOYEE	16. SEX <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		17. MARITAL STATUS	
	18. YEARS EMPLOYED		19. REGULAR OCCUPATION	
	20. REGULAR DEPARTMENT		21. WEEKLY WAGE?	
	22. OCCUPATION WHEN INJURED		23. HOW LONG AT CUR. OCCUPATION?	
OCCURRENCE OF INJURY	24. WORK DAYS PER WEEK		25. WEEKLY WAGE?	
	26. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? YES		27. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 10:00 am	
	28. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) Player WAS Avoiding A Block By Opposing Team Player And Another Player Struck + Rolled ON His R Ankle			
	29. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) Avoiding A Block			
NATURE OF INJURY	30. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE Another Player Struck + Rolled ON His Ankle			
	31. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. R Ankle Sprain - 2° Anterior Tib-Fib, Posterior Tib-Fib + Syndesmosis			
	32. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.			
	33. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY IF SO, STATE NATURE			
OTHER	34. HAS EMPLOYEE RETURNED TO WORK?		35. DATE	
	36. AT WHAT WEEKLY WAGE? \$		37. WHEN DID TEMPORARY DISABILITY BEGIN?	
	38. END?		39. NAME AND ADDRESS OF ATTENDING PHYSICIAN	
	40. NAME AND ADDRESS OF HOSPITAL			
41. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		42. IS FURTHER MEDICAL AID REQUIRED?		
43. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. LARRY ROARK, 137 E. WOODFIELD ROAD, SCHAMBERG, IL 60173				
44. DATE OF REPORT 9/22/95		45. REPORT COMPLETED BY (SIGNATURE) David C. Kendall		
		46. TITLE HEAD ATHLETIC TRAINER		

MO 625-0183 (11-95)

MICKELL-0320

A0436



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

SEE INSTRUCTIONS ON BACK

INJURY NUMBER
EMPLOYEE'S CASE NUMBER
INSURER'S NUMBER

NOTE ► This form is both the notice and the report of the injury as required by Section 287.380 RSMo. 1969. Do not report any occurrence unless it causes personal injury serious enough to require medical aid. This report must be sent in whether or not the employer is under the Law. If not under it, no further reports are required unless requested. Mail to: Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102. Do not accompany by letter.

EMPLOYER	1. NAME OF EMPLOYER KANSAS CITY CHIEFS FOOTBALL CLUB, INC.		2. MAILING ADDRESS ONE ARROWHEAD DRIVE, KANSAS CITY, MO 64129		
	3. LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS same as above		4. MISSOURI UI ACCOUNT NUMBER		
	5. NATURE OF BUSINESS AND SPECIFIC PRODUCT Professional football team		5. TELEPHONE NUMBER (816) 924-9300		
	7. INSURANCE CARRIER AND ADDRESS TIG INSURANCE COMPANY, 137 E. WOODFIELD ROAD, SCHAUENBERG, IL 60173				
	8. DAYS PER YEAR BUSINESS OPERATES 365		9. NUMBER OF EMPLOYEES		
INJURED EMPLOYEE	10. DATE OF ACCIDENT OR INCIDENT OR DISEASE 10/9/95		11. TIME 9:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		
	12. PLACE OF ACCIDENT Arrowhead Stadium KCMO		13. NAME FIRST MIDDLE LAST DARRON MICHAEL		
	14. SOCIAL SECURITY NUMBER [REDACTED] - 1926		15. HOME ADDRESS 1014 WASHINGTON KANSAS CITY, MO 64105		
	16. AGE 25		17. SEX [REDACTED]		
	18. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		19. YEARS EMPLOYED		
OCCURRENCE OF INJURY	20. REGULAR OCCUPATION		21. REGULAR DEPARTMENT		
	22. OCCUPATION WHEN INJURED		23. HOW LONG AT CUR. OCCUPATION?		
	24. WORK DAYS PER WEEK		25. WEEKLY WAGE?		
	26. WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES? YES		27. TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE 6:00 PM		
	28. HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY) Player was blocked by opposing team player + struck on anterior area of @ shoulder				
NATURE OF INJURY	29. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC) Blocked by opposing team player				
	30. NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE Blocked by opposing team player				
	31. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. @ shoulder - posterior subluxation, Gleno Humeral Joint, Labral Tear				
	32. DID INJURY RESULT IN DEATH? IF SO, ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE.				
	33. WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY IF SO, STATE NATURE				
OTHER	34. HAS EMPLOYEE RETURNED TO WORK?		35. DATE		
	36. WHEN DID TEMPORARY DISABILITY BEGIN?		37. END?		
	38. NAME AND ADDRESS OF ATTENDING PHYSICIAN				
	39. NAME AND ADDRESS OF HOSPITAL				
	40. ACTUAL OR ESTIMATED COST OF MEDICAL AID \$		41. IS FURTHER MEDICAL AID REQUIRED?		
42. NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED. LARRY ROARK, 137 E. WOODFIELD ROAD, SCHAUENBERG, IL 60173					
43. DATE OF REPORT 10/10/95		44. REPORT COMPLETED BY (SIGNATURE) David C Kendall		45. TITLE HEAD ATHLETIC TRAINER	

Faxed
10/11/95

MICKELL-0321

A0437

IN VIVIDUAL MEDICATION REPORT

NAME: MICKELL, DARRELLYEAR: 1995

DATE	MEDICATION	DOSAGE & INSTRUCTIONS	PHYSICIAN & NOTES
7/23/95	Immodium	#4 ÷ each BM	MM
7/27/95	Indocin SR 75mg	#6 ÷ daily ÷ food	JB
8/4/95	Indocin SR 75mg	#2 ÷ daily ÷ food	JB
8/4/95	Indocin SR 75mg	#4 ÷ Daily ÷ food	JB
8/16/95	Indocin SR 75mg	#4 ÷ daily ÷ food	JB
8/24/95	Indocin SR 75mg	#5 ÷ Daily ÷ food	JB
8/26/95	Indocin SR 75mg	#1 ÷ now ÷ food	JB
8/29/95	Indocin SR 75mg	#5 ÷ Daily ÷ food	JB
9/1/95	Indocin SR 75mg	#1 ÷ now ÷ food	JB
9/7/95	Indocin SR 75mg	#5 ÷ daily ÷ food	CB
9/11/95	Indocin SR 75mg	#6 ÷ daily ÷ food	JB
9/21/95	Indocin SR 75mg	#3 ÷ daily ÷ food	JB
9/26/95	Indocin SR 75mg	#5 ÷ Daily ÷ food	JB
9/30/95	KEFLEX 500mg	#12 ÷ Bid	mm
9/30/95	Zephrex LA	#3 ÷ Bid	mm
9/30/95	Indocin SR 75mg	#1 ÷ now	JB
10/30/95	TORADOL 100	#1 ÷ now	JB
10/30/95	Darvocet 1200	#8 ÷ Ev. 4-6 prn pain	JB
11/4/95	Zephrex LA	#2 ÷ Bid	mm
11/6/95	Claritin 10mg	#4 ÷ Bid	mm
11/9/95	Indocin SR 75mg	#3 ÷ Daily ÷ food	JB
11/16/95	Indocin SR 75mg	#4 ÷ Daily ÷ food	JB
11/16/95	Claritin D	#4 ÷ Bid	mm
11/18/95	Immodium	#1 ÷ now	mm
11/22/95	Indocin SR 75mg	#1 ÷ now ÷ food	JB
11/30/95	Zephrex LA	#6 ÷ Bid	mm
11/30/95	KEFLEX 500mg	#8 ÷ Bid	mm
12/3/95	Claritin	#1 ÷ now	mm
12/3/95	Afrin	AS Directed	mm
12/4/95	Dura Vent	#6 ÷ Bid	mm
12/4/95	KEFLEX 500mg	#9 ÷ Bid	mm
12/12/95	Indocin SR 75mg	#5 ÷ Daily ÷ food	JB
12/19/95	Indocin SR 75mg	#5 ÷ Daily ÷ food	JB
1/4/96	Indocin SR 75mg	#4 ÷ Daily ÷ food	JB

MICKELL-0322

A0438

**KANSAS CITY CHIEFS FOOTBALL CLUB, INC.
FINAL PLAYER PHYSICAL EXAM (SEASON END)**

NAME: Darren Mickell AGE: 25 BIRTH DATE: [REDACTED]-70
SOCIAL SECURITY NUMBER: [REDACTED] 1926 EXAMINING DATE: 1-8-95

PLAYER STATEMENT:

LIST ANY ACCIDENTS, INJURIES AND/OR SICKNESSES DURING THE 1995 SEASON, OR WRITE NONE:

left ~~shoulder~~ Knees

LIST YOUR PHYSICAL PROBLEMS ON THIS DATE, OR WRITE NONE:

NONEDarren Mickell
PLAYER SIGNATURE1-8-95
DATE**PHYSICAL EXAMINATION****MEDICAL:**B.P. 110/78 P. 62 HEART RegularHEENT normal LUNGS clearCOMMENTS: none

CONCLUSIONS: _____

Michael E. Newman
TEAM PHYSICIAN1/8/96
DATE**ORTHOPEDIC:**

SPECIAL TESTS: _____

COMMENTS: Denies any current problemsCONCLUSION: Exam @ shoulder today - no apprehensionNo laxity, FROM strength & discomfort @
shoulder has been better - well satisfiedCDS1-8-95

DR. JON BROWNE MD / DR. CHRIS RADNOTICE MD DATE

MICKELL-0323

Injury Case Report

Tuesday, February 13, 1996

KANSAS CITY CHIEFS
KANSAS CITY CHIEFS

[REDACTED]-1926 Mickell, Darren

Onset Date: 09/17/95**Return Date:** 09/27/95

Case 1 Right ANKLE ANTERIOR TIB-FIB SPR 2 DEG
 Episode 1 ANKLE POSTERIOR TIB-FIB SPR 2 DEG
 ANKLE ANTERIOR TALO-FIB SPR 1 DEG

Days Missed: 9

Recorder: Epps, Bud	Supervisor:	Record Date: 09/17/95
Participation Status:	Resolution: 0% Normal Function: 0% Normal	
Diagnostic Procedures: X-Ray Medical Evaluation	Primary Mechanism: Torsion Nature of Injury: ACUTE INJURY Principal Management: THERAPEUTIC MODALITY Action Taken: Not Hospitalized Referred To: Browne, Jon	
Team Session: GAME - Home Team Activity: Passing Period: 3rd Quart/ 1/4 Pract Protection of Injured Area: Taped	Player Postion: DEF-End Player Activity: Tackling/Pile-on Surface: Grass Surface Condition: Normal	
Equipment Type: Shoes(Hi)Multicht 16 Equipment Brand: REEBOCK Equipment Vintage: New	Temperature: 71 Humidity: 55 Rcsearch:	
Coaches Comments:		
Surgical Procs: <input type="text"/>		
Final Diag: <input type="text"/>		
Progress Notes: ON PASS PLAY, PLAYER GOT ROLLED ON AND LEG WHIPPED WHILE PASS RUSHING		
History: _____		
Inspection: _____		
Palpation: _____		
Functional Test: _____		
Special Test: _____		
Signature: _____		

MICKELL-0324

A0440

Injury Case Report

Tuesday, February 13, 1996

KANSAS CITY CHIEFS

KANSAS CITY CHIEFS

-1926 Mickell, Darren **Onset Date:** 10/09/95
Return Date: 11/02/95
Days Missed: 23

Case 2 Left SHOULDER POST G-H SUBLUX/ACUTE
 Episode 1 SHOULDER GLENOID LABRUM TEAR/POST

Recorder: Epps, Bud	Supervisor:	Record Date: 10/10/95
Participation Status:	Resolution: 0% Normal Function: 0% Normal	
Diagnostic Procedures: M.R.I. X-Ray Medical Evaluation	Primary Mechanism: Indirect Force Nature of Injury: ACUTE INJURY Principal Management: THERAPEUTIC MODALITY Action Taken: Not Hospitalized Referred To: Browne, Jon	
Team Session: GAME - Home Team Activity: Run/Inside Tackle Period: 2nd Quart/ 1/4 Pract Protection of Injured Area: Customary Uniform	Player Postion: DEF-End Player Activity: Blocked/A-Waist Surface: Grass Surface Condition: Normal	
Equipment Type: S-Pads, (Ins Cant) No. Equipment Brand: POWER ATHLETIC Equipment Vintage: New	Temperature: 68 Humidity: 55 Research:	
Coaches Comments:		
Surgical Procs: <input type="text"/>		
Final Diag: <input type="text"/>		
Progress Notes:		
History:		
Inspection:		
Palpation:		
Functional Test:		
Special Test:		
Signature:		

MICKELL-0325

A0441

KANSAS CITY CHIEFS FOOTBALL CLUB

MEDICAL HISTORY

NAME <u>Darren Mickell</u>		AGE <u>23</u>	DATE <u>4-19-94</u>
DATE OF BIRTH <u>70</u>		SOCIAL SECURITY NO. <u>1920</u>	
HOME ADDRESS <u>1014 Washington</u>		CITY, STATE, ZIP <u>KC MO 64105</u>	PHONE <u>971-0019</u>
WIFE'S NAME		HEIGHT	WEIGHT

PLEASE COMPLETE THE FOLLOWING CAREFULLY

PAST MEDICAL HISTORY - INCLUDING MISSED PRACTICES OR GAMES IN ATHLETICS

ATHLETIC INJURIES _____

SERIOUS ILLNESS _____

HOSPITALIZATIONS/OPERATIONS _____

ALLERGIES (FOOD, MEDICATION, ENVIRONMENT) _____

DO YOU TAKE ANY MEDICATIONS? _____ WHAT? _____

HABITS

NUMBER OF PACKS OF CIGARETTES SMOKED DAILY _____

DO YOU DRINK ALCOHOLIC BEVERAGES? yesAMOUNT? 6 pack a week

DO YOU USE ANY OF THE FOLLOWING? (CIRCLE APPROPRIATE ANSWER)

- | | | |
|--|-----|----|
| 1). "UPPERS" - AMPHETAMINES, COCAINE, ETC. | YES | NO |
| 2). NARCOTICS - HEROINE, MORPHINE, DEMEROL, ETC. | YES | NO |
| 3). "DOWNERS" - QUAALUDES, VALIUM, TRANQUILIZERS | YES | NO |
| 4). EVER BEEN TREATED FOR ALCOHOL OR CHEMICAL ABUSE? | YES | NO |
| 5). HORMONE SHOTS OR TABLETS (ANABOLIC STEROIDS)? | YES | NO |

IF SO, HOW MUCH? _____

FAMILY HISTORY - AGE, HEALTH STATUS, CAUSE OF DEATH, IF DECEASED

FATHER CancerMOTHER 42 GoodBROTHERS AND SISTERS 3 26, 19, 8WIFE AND NUMBER OF CHILDREN AND AGES 411 3, 5

FAMILY HISTORY OF (PLEASE CIRCLE AND GIVE RELATION):

TB

DIABETES

HIGH BLOOD PRESSURE

HEART DISEASE

CANCER

MICKELL-0326

A0442

KANSAS CITY CHIEFS FOOTBALL CLUB -- MEDICAL HISTORY

NAME: Darven Mickell DATE: 4-19-94
 CHECK THE YES OR NO BOX AS NEEDED, INDICATE POSITIVE ANSWERS IN EACH SECTION BY CIRCLING ANY COMPLAINTS LISTED BELOW AND EXPLAIN COMPLETELY IN "COMMENT" COLUMN.

	YES/NO	COMMENTS
MENTAL: Drug addiction - Alcoholism Nervous disorder or psychiatric treatment	no	
HEAD: Heat stroke - Fainting spells Headaches - convulsions - Dizziness - Concussions Epilepsy - Loss of memory	no	
EYES: Use of glasses or contact lens. No. years worn _____ Last checked by eye Dr. for glasses _____ Blurred vision - Double vision	no	
EARS: Hearing difficulty - Frequent infections	no	
NOSE: Frequent nose bleeds - Sinus difficulty Hay fever	no	
MOUTH: Mouth protector - Frequent sore throats Hoarseness - Dentures - Partial plate	no	
NECK: Pain - Frequent stiffness - Motion limitation Thyroid disease	no	
CHEST: Abnormal chest x-ray History of bronchitis or pneumonia Spit up blood - Continual cough sputum Tuberculosis - Asthma - On medications	no	
HEART: Abnormal EKG Palpitations or skipped hear beats Chest pain with exertion - Shortness of breath History of high blood pressure - medication History of heart murmur or Rheumatic fever	no	
DIGESTIVE: Injury to liver, spleen or bowel Difficulty swallowing-Unexplained wt. gain or loss Poor appetite-Frequent belching or heartburn History of ulcer-jaundice-hepatitis-diarrhea Constipation - Rectal bleeding or hemorrhoids	no	
MALE ORGANS: History of hernia repair Discharge - Strain Gonorrhea - herpes - syphilis	no	
KIDNEYS FUNCTION: Diabetes - Medication Injury to kidneys Frequent urination(more than 5-6 times daily) Burning - Blood in urine - History of kidney stones Puss, sugar or protein in urine	no	
EXTREMITIES: Leg cramps - Varicose veins - Gout	no	
SKIN: Cancers - Skin irritations - Lacerations	no	
CHILDHOOD DISEASES: Have you had mumps? Chickenpox? Measles, regular or 3-day?	no	
HEMATOLOGIC: Easy bruising or bleeding tendency Sickle Cell test? Anemia - infectious mono	no	
ORTHOPEDIC: Muscle pulls(hamstrings,calf,etc.) Muscle cramps Sprains (knee, ankle, other) - Fractures Cervical nerve pinch ("Burner") Low back trouble Charley horse or severe muscle bruise Dislocations/Subluxations Bone, joint or other deformity	no	

MICKELL-0327

A0443



KANSAS CITY CHIEFS

One Arrowhead Drive • Kansas City, Missouri 64129 • 816-924-9300 • FAX 816-923-5281

MEDICAL EXAMINATION AND AUTHORIZATIONS

I hereby acknowledge, affirm and represent the following:

A. I have warranted and represented to the Kansas City Chiefs Football Club, (The Club) under Paragraph 8 of my contract, that I am in excellent physical condition. Upon reporting to the Club, I filled out a "Health History" form, was examined by Club physicians. Recognizing that my true physical condition (and a physician's ability to ascertain same) is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints or ailments experienced, I hereby affirm that I have fully disclosed in writing my prior medical history; that my "Health History" form was fully and accurately completed; that all my present symptoms, complaints and ailments (if any) have been disclosed in writing to, and discussed with, the Club's physicians, and that I am not suffering from any disability, injury, condition, complaint or problem not so disclosed and discussed. If any answers are false or information has been withheld, this physical will become void and will necessitate the taking of another physical examination to determine the true physical status of the athlete in question.

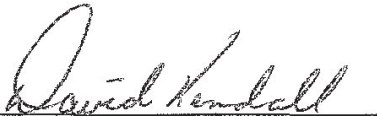
B. FUTURE COMPLAINTS: I acknowledge receipt of instructions from the Club that all future injuries, medical problems, ailments, complaints, re-injuries, and aggravations of old injuries must be immediately reported to the Club Athletic Trainers; no matter how minor or insignificant I may deem same to be.

C. RELEASE EXAMINATION: I acknowledge receipt of instructions from the Club that I must submit to another full physical examination by a Club physician in the event of my being traded or placed on waivers; at which time I shall record in writing all symptoms, complaints or ailments, if any, I may then be experiencing.

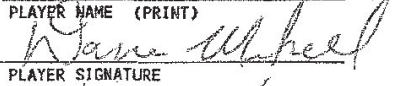
D. CLUB MEDICAL RECORDS: I hereby authorize Club to transfer and forward my complete medical record and files to any other NFL Club to which my contract may be traded or assigned. Such authorization extends to the Club's physicians and their successors and to any hospital, clinic or institution to which I may be referred or admitted in connection with any illness, injury, test or treatment and I hereby release all of such persons and institutions from any and all claims by reason thereof. A photostatic copy of this authorization shall be considered as effective and valid as the original.

E. PRIOR MEDICAL RECORDS: I hereby authorize and empower the Club and its representatives to examine, copy and/or obtain copies of any and all medical records relating to my prior health history, injury, complaints, tests, findings and treatments and I hereby authorize all physicians, hospitals, clinics, schools, colleges, NFL clubs and all other professional teams or organizations that may possess such records, to make them freely available to Club representatives. I do hereby release and discharge all of such persons and institutions from any and all claims by reason thereof. A photostatic copy of this authorization shall be considered as effective and valid as the original.

F. MEDICAL TREATMENT: I hereby authorize the Club Team Physicians and Medical Consultants to Examine and Treat any injuries which may occur while Playing for the Club. I authorize the Team Physicians and Medical Consultants to communicate with Club Officials regarding their findings and recommendations. I authorize the Club Athletic Trainers to treat any and all injuries which occur while playing for the Club.


WITNESS: DAVID KENDALL
HEAD ATHLETIC TRAINER


PLAYER NAME (PRINT)


PLAYER SIGNATURE

4-19-98
DATE

 1976
PLAYER'S SOCIAL SECURITY NO.



KANSAS CITY CHIEFS

One Arrowhead Drive • Kansas City, Missouri 64129 • 816-924-9300 • FAX 816-923-5281

KANSAS CITY CHIEFS FOOTBALL CLUB, INC. PLAYER STATEMENT

NAME: Darren Mickell DATE: 4-19-94

I REPRESENT THAT I AM NOT NOW SUFFERING FROM ANY PHYSICAL DISABILITY
WHICH PREVENTS ME FROM PARTICIPATING IN THE MINI-CAMP.

Darren Mickell
Player Signature

4-19-94
Date

(Or)

I AM NOW SUFFERING FROM THE FOLLOWING PHYSICAL DISABILITY WHICH
PREVENTS ME FROM PARTICIPATING IN THE MINI-CAMP.

Players Signature

Date

Charter Member, American Football Conference, National Football League

MICKELL-0329

A0445

KANSAS CITY CHIEFS FOOTBALL CLUB
PHYSICAL EXAMINATION

NAME: <u>MICKELL, DARRON</u>		DATE: <u>4/19/04</u>
Pulse <u>74</u>	Blood Pressure <u>140/80 LT</u>	General Appearance _____
1. NEUROLOGIC AND MENTAL STATUS	<u>WNL</u>	
2. EYES	<u>WNL</u>	
3. MOUTH	<u>WNL</u>	
4. EARS, NOSE & THROAT	<u>WNL</u>	
5. BACK & NECK	<u>WNL</u>	
6. NODES	<u>WNL</u>	
7. LUNGS	<u>WNL</u>	
8. HEART	<u>RSRWD (M) (R)</u>	
9. ABDOMEN	<u>WNL</u>	
10. GENITALIA	<u>WNL</u>	
11. RECTAL & PROSTATE	<u>DEFERRED</u>	
12. IMMUNIZATIONS:		
TETANUS TOXOID <u>193</u>	<u>WNL</u>	
INFLUENZA <u>193</u>		
ADDITIONAL COMMENTS: _____		

PHYSICIAN'S SIGNATURE <u>[Signature]</u>		
DATE <u>4/19/04</u>		

MICKELL-0330

A0446

SPECIMEN #		TYPE	PRIMARY LAB	REPORT STATUS	Roche Biomedical Laboratories a subsidiary of Hoffmann-La Roche Inc.	
109-365-0122-0		S		FINAL	03 A 01	04/22/94 06:33
ADDITIONAL INFORMATION						
20 2L UT						
CD- 50074074185						
PATIENT NAME		SEX	AGE (YR./MO.)		ACCOUNT	
MICKELL, DARREN		M			KANSAS CITY CHIEFS 24808	
PT. ADD.		1 ARROWHEAD DRIVE 31				
DATE OF SPECIMEN		DATE ENTERED	DATE REPORTED	KANSAS CITY, MO 64129-1651 31		
04/19/94		04/19/94	04/22/94	816-924-9300 MOK		
Uric Acid Crystals FEW						
CBC WITH DIFFERENTIAL						
STS		REACTIVE		Non-Reactive		
STS, Quant.		1:2		Non Rea=(1:1)		
Treponema Pallidum (MHA-TP)		REACTIVE		Non-Reactive		
Creatine Kinase, (CK)		1018 HI U/L		54 - 186		
Verified by repeat analysis						
THYROID PROFILE A						
T4 (Thyroxine)		5.7 mcg/dL		4.5 - 12.0		
T3 Uptake		34 %		27 - 41		
Free Thyroxine Index		2.2		1.6 - 3.7		
Hemoglobin Solubility Test		Negative		Negative		
LAB: HI ROCHE BIOMEDICAL LABORATORIES						
2451 S CHURCH STREET BURLINGTON, NC 27215-0000						
DIRECTOR: NANCY J LITTON MD						
IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-457-1177 LAB: 800-457-1177						
LAST PAGE OF REPORT						

PATIENT NAME		PATIENT ID.		SPEC. NO.		SPEC. DATE								
MICKELL, DARREN				1093650122-0		04/19/94								
Calcium mg/dl (8.5-10.5)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-145)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-109)	LDH IU/L (100-250)	AST (SGOT) IU/L (0-50)	T. Bilirubin mg/dl (0.1-1.2)	GGT (IGT) IU/L (0-45)	ALT (SGPT) IU/L (0-50)	Alk. Phos. IU/L (40-150)	Cholesterol mg/dl < 200	Triglycerides mg/dl (10-250)		
9.5	4.0	143	4.0	103	240	41	0.4	95	28	93	197	175		
HIGH														
T. Protein g/dl (6.0-8.5)	Globulin g/dl (1.5-4.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-26)	Creatinine mg/dl (0.5-1.5)	T4 µg/dl (4.5-12.5)	T3 Uptake % (33-45)	Free T4 Index (1.5-5.6)	TSH µIU/ml (0.5-4.5)	Uric Acid mg/dl (M 2.2-8.7) (F 1.5-6.7)	Glucose mg/dl < 60 yrs. (80-115)	Iron µg/dl (40-160)		
7.6	3.2	4.4	1.3	13	1.6					5.1	102	75		
HIGH														
RBC x10 ⁶ /µl (M 4.29-5.60) (F 3.85-5.00)	HGB g/dl (M 13.5-17.0) (F 11.4-15.2)	HCT % (M 40-51) (F 34-46)	MCV fl (91-99)	MCH pg (27.0-33.0)	MCHC g/dl (32.5-35.5)	Platelets x10 ³ /µl (150-415)	WBC x10 ³ /µl (4.1-10.3)	Polys x10 ³ /µl (12-7.8) (45-75%)	Bands (0-5%)	Metas (0%)	Lymphs x10 ³ /µl (0.7-4.5) (17-44%)	Mono x10 ³ /µl (0.1-1.0) (3-10%)	EOS x10 ³ /µl (0.0-0.4) (0-4%)	BASO x10 ³ /µl (0.0-0.2) (0-2%)
5.11	15.5	45.3	89	30.5	34.4	201	5.8	52			41	4	5	0
ABG VALU														
3.5 2.8 0.3 0.2 0.0														

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES WHICH ARE SUMMARIZED ON THE BACK OF THIS REPORT.

*A comment applied to this test has been printed in the body of the Report.

MICKELL-0331

A0447

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS	Roche Biomedical Laboratories a subsidiary of Hoffmann-La Roche Inc.	
105-555-0111	ADDITIONAL INFORMATION	FINAL	PG 1	03 A 01	CLINICAL INFORMATION
20 2L UT				04/22/94	06:33
PATIENT NAME	CD 50074074195	SEX	AGE (YR./MOS.)	PHYSICIAN ID.	PATIENT ID.
MICKELL, DARREN		M		NG	
PL. ADD.				ACCOUNT	
				KANSAS CITY CHIEFS	24808
				1 ARROWHEAD DRIVE	31
				KANSAS CITY, MO	64129-1651
				816-924-9300	MOK
DATE OF SPECIMEN	DATE ENTERED	DATE REPORTED	1520		
04/19/94	04/19/94	04/22/94			
DIAG. (MULTI-CHEM)					
BUN/Creatinine Ratio	8				
HDL Cholesterol	45	mg/dL	30 - 65		
VLDL Cholesterol (Calculated)	35	mg/dL	5 - 40		
LDL Cholesterol (Calculated)	117	mg/dL	0 - 129		
T. Chol/HDL Ratio	4.3	Ratio Units	0.0 - 5.0		
Estimated CHD Risk	0.8	Times Avg.	0.0 - 1.0		
(The CHD Risk is based on the T. Chol/HDL Ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.)					
			T. Chol/HDL Ratio	Men	Women
			1/2 Avg. Risk	3.4	3.3
			Avg. Risk	5.0	4.4
			2X Avg. Risk	9.6	7.1
			3X Avg. Risk	23.4	11.0
URINALYSIS, COMPLETE					
Specific Gravity	1.025		1.010 - 1.020		
pH	5.0		5.0 - 7.0		
Urine-Color	YELLOW		Yellow		
Appearance	CLEAR		Clear		
WBC Esterase	NEG.		Negative		
Protein	NEG.		Negative		
Glucose	NEG.		Negative		
Ketones	NEG.		Negative		
Occult Blood	NEG.		Negative		
Microscopic Examination					
Microscopic follows if indicated.					
Microscopic Examination					
WBC/HPF	None seen.				
RBC/HPF	None seen.				
Epithelial Cells	None seen.				
PATIENT NAME					
PATIENT ID.					
SPEC. NO.					
SPEC. DATE					
Calcium mg/dl (8.5-10.6)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-145)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-106)	LDH IU/L (100-250)
AST (SGOT) IU/L (0-50)	T. Bil mg/dl (0.1-1.2)	GGT (IGL) IU/L (M 0-65) (F 0-45)	ALT (SGPT) IU/L (0-50)	Alk. Phos. IU/L (40-150)	Cholesterol mg/dl <200
Triglycerides mg/dl (10-250)	T. Protein g/dl (0.0-0.5)	Globulin g/dl (1.5-4.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-26)
Creatinine mg/dl (0.5-1.5)	T ₄ µg/dl (4.5-12.5)	T ₃ Uptake % (33-45)	Free T ₄ Index (1.5-5.0)	TSH µIU/ml (0.25-4.50)	Uric Acid mg/dl (M 2.2-8.7) (F 1.5-6.7)
Glucose mg/dl <50 yrs. (80-115)	Iron µg/dl (40-180)	RBC x10 ⁹ /ul (M 4.50-5.80) (F 3.85-5.00)	HGB g/dl (M 13.5-17.0) (F 11.4-15.2)	HCT % (M 40-51) (F 34-46)	MCV fl (81-95)
MCH pg (27.0-32.0)	MCHC g/dl (32.5-35.5)	Platelets x10 ⁹ /ul (150-415)	WBC x10 ⁹ /ul (4.1-10.3)	Polys x10 ⁹ /ul (15-75%)	Bands (0-5%)
Monos (0-5%)	Lymphs x10 ⁹ /ul (17-44%)	Monos x10 ⁹ /ul (0.1-1.0)	EOS x10 ⁹ /ul (0.0-0.4)	BASO x10 ⁹ /ul (0.0-0.2)	%
ABSO VALU					

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES WHICH ARE SUMMARIZED ON THE BACK OF THIS REPORT.

*A comment applied to this test has been printed in the body of the Report.

MICKELL-0332

A0448

SPECIMEN #		TYPE		STATUS		PG		03 01		Roche Biomedical Laboratories a subsidiary of Hoffmann-La Roche Inc.	
341-502-0033-0		R		FINAL		1				12/08/94 10:15	
TIME 0950											
ADDITIONAL INFORMATION											
C L											
CD- 50155494939 FASTING Y											
PATIENT NAME				SEX		AGE (YR./MOS.)		ACCOUNT			
MICKELL, DARREN				M				KANSAS CITY CHIEFS 24801			
PT. ADD.											
1 ARROWHEAD DRIVE 3:											
KANSAS CITY, MO 64129-1651 3:											
816-924-9300 MOK											
DATE OF SPECIMEN		DATE ENTERED		DATE REPORTED							
12/07/94		12/07/94		12/08/94		1771					

BUN/Creatinine Ratio 10
HDL Cholesterol 46 mg/dL 30 - 65
VLDL Cholesterol (Calculated) 14 mg/dL 5 - 40
LDL Cholesterol (Calculated) 128 mg/dL 0 - 129
T. Chol/HDL Ratio 4.1 Ratio Units 0.0 - 5.0
Estimated CHD Risk 0.7 Times Avg. 0.0 - 1.0

(The CHD Risk is based on the T. Chol/HDL Ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.)

T. Chol/HDL Ratio
Men Women
1/2 Avg. Risk 3.4 3.3
Avg. Risk 5.0 4.4
2X Avg. Risk 9.6 7.1
3X Avg. Risk 23.4 11.0

CBC WITH DIFFERENTIAL

DIRECTOR: NANCY J LITTON MD
IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-457-1177 LAB: 800-457-1177
LAST PAGE OF REPORT

PATIENT NAME		PATIENT ID.		SPEC. NO.		SPEC. DATE	
MICKELL, DARREN				3415020033-0		12/07/94	
Calcium mg/dl (8.5-10.6)	Phosphorus mg/dl (2.5-4.6)	Sodium mEq/L (135-146)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-109)	LDH IU/L (100-250)	AST (SGOT) IU/L (0-37)	T. Bilirubin mg/dl (0.1-1.2)
9.6	4.7	144	4.2	105	215	45	0.5
HIGH				HIGH			
GGT (RUL) IU/L (M 0-69) (F 0-45)	ALT (SGPT) IU/L (0-60)	Alk. Phos. IU/L (40-160)	Cholesterol mg/dl <200	Tiglycides mg/dl (10-250)			
69	34	110	189	7.			
T. Protein g/dl (6.0-8.5)	Globulin g/dl (1.5-4.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-26)	Creatinine mg/dl (0.5-1.5)	T ₄ μg/dl (4.5-12.5)	T ₃ Uptake % (33-45)
7.2	3.1	4.1	1.3	14	1.3		
Free T ₄ Index (1.5-5.5)	TSH μIU/ml (0.5-4.5)	Uric Acid mg/dl (M 2.2-8.7) (F 1.5-6.6)	Glucose mg/dl <100 (50-110)	Iron μg/dl (40-160)			
				111			
RBC x10 ⁶ /μl (M 4.5-5.5) (F 3.8-4.8)	HGB g/dl (M 13.5-17.0) (F 11.5-15.5)	HCT % (M 40-51) (F 36-46)	MCV fl (81-101)	MCH pg (27.0-33.0)	MCHC g/dl (32.5-35.5)	Platelets x10 ⁹ /μl (150-415)	WBC x10 ⁹ /μl (4.1-10.3)
4.5	13.3	44	90	31.0	34.4	227	5.6
Polys x10 ⁹ /μl (1.8-7.8)	Bands (0-5%)	Metas (0%)	Lymphs x10 ⁹ /μl (0.7-4.5) (17-45%)	Mono x10 ⁹ /μl (0.1-1.0) (1-10%)	EOS x10 ⁹ /μl (0.0-0.4) (0-4%)	BASO x10 ⁹ /μl (0.0-0.2) (0-2%)	% ABSOL VALUE
5.6			5.6	0.3	0.3	0.1	

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES WHICH ARE SUMMARIZED ON THE BACK OF THIS REPORT.

*A comment applied to this test has been printed in the body of the Report.

MICKELL-0333

A0449